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In this issue: LOG CABIN DENTIST

October, 1939

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CAST WITH PERFECTION

WHETHER you cast for the elusive trout or cast a restoration for a patient, much skill and care go into the preliminary preparation before the cast is made.

With the Perfection Casting Machine, *casting* becomes the simplest factor in the production of a cast inlay, crown, bridge or denture.

Centrifugal force is produced by turning the arm of the machine to wind a spring in the base, the gold is melted, the arm is released, and the gold is driven into the farthest recesses and most intricate details of the mold.

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The Cleveland
MANUFACTURING COMPANY
CLEVELAND, OHIO

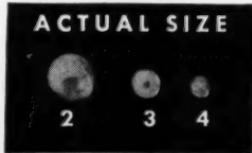
DENT

Get this HANDY PELLET DISPENSER



● Pellet supply instantly available. Pellets packed in cylinders which fit inside a non-breakable, transparent cylinder. Dispenser has tip-proof base, and metal dust cap. Single pellets easily withdrawn from gridded top. Slight push from bottom replenishes supply at top. Dispenser, complete with 6 cartons of pellets, \$1.65. Additional pellets, per dozen cartons, \$1.25.

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J & J pellets are supplied in 3 sizes. No. 2, Medium; No. 3, Small; No. 4, Extra Small. Sterilized after packaging.

DENTAL DIVISION

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

There are sound scientific and

the **XTRIUM** Technique for the Treatment of
(pronounced ZIT-RI-UM)

Pyorrhea has found widespread acceptance, and why
the number of XTRIUM users is increasing daily.

SCIENTIFIC AND CLINICAL BACKGROUND (1931 - 1938)

Seven years were devoted to research, product development and clinical observation before the Xtrrium technique for the treatment of Pyorrhea was made

available to the profession. Its history has been guided by a thorough appreciation of the problems involved and by a cautious, critical attitude in evaluating results.

MORE THAN 2,000 CASE HISTORIES (1934 - 1938)

For four years prior to its being offered to the profession the Xtrrium Technique was subjected to critical clinical observation under practical operating conditions in

four hundred dental offices. The results accomplished in the treatment of Pyorrhea, Vincents and Gingivitis were compiled in more than 2,000 case histories.

A COMPLETE ROUTINE FOR PYORRHEA TREATMENT

The Xtrrium method provides the dentist with a complete routine for the treatment of Pyorrhea. It takes into consideration every phase of every factor recognized as having anything to do with the etiology

and pathology of the disease. The technique involves no instrumentation other than scaling and is well within the scope of routine practice. It is extremely easy on the patient.

PROVED THERAPEUTIC AND PHYSIO-CHEMICAL AGENTS

The Xtrrium Technique is the correlation of proved therapeutic and physio-chemical agents consisting of:

(1) A non-toxic and non-corrosive germicide combined with surface tension depressants (Xtrrium processed Chloramine T) which neither precipitates nor coagulates proteins such as blood serum and therefore does not provide a hiding place for anaerobic organisms. It is processed in such a way that in contact

with organic matter it gives off its germicidal qualities over a long period of time.

(2) Agents which lower surface tension, thus increasing permeability and assisting in the disintegration of bacteria. These surface tension reducents are inert from the standpoint of bacterial metabolism.

(3) An agent (calcium, phosphorous, magnesium compound derived from natural sources) which supplies locally an excess of bone building material.

The
users i
Xtrrium
routine

GE

Find clinical reasons why

The number of enthusiastic Xtrrium users is increasing daily because the Xtrrium Technique provides a complete routine for the treatment of Pyorrhea,

Vincent's and Gingivitis, which is sound in scientific principle and the effectiveness of which has been convincingly established under practical operating conditions.

Xtrrium in Technicolor Motion Picture

A complete and interesting presentation of the Scientific Basis, Technique and Results in a full color motion picture

The recently completed Xtrrium full color moving picture presents the complete story of the Xtrrium Technique. The technique is demonstrated in the treatment of actual patients. Cases are carried through a complete series of treatments so that every detail of the procedure is clearly

presented and the results of the treatment can be observed.

By means of photomicrographs, laboratory demonstration and animated drawings, the scientific basis for the treatment is presented interestingly and clearly so that it is readily understood in every detail.

The Xtrrium Motion Picture is now available to study clubs and other Dental Society groups

The Xtrrium motion picture is an interesting and informative presentation of a subject that is of vital interest to every dentist—the treatment of Pyorrhea. It is the character of picture that will be a welcomed part of the fall or winter program of a

study club or any similar group. It requires about an hour for the complete showing. Prints of the picture will soon be available for loan without charge. Write to the Xtrrium Company for complete details and available dates.

GET YOUR COPY OF THE XTRRIUM BOOK

We shall be glad to send you a free copy of the 40-page Xtrrium book which describes in detail the scientific background for the Xtrrium Treatment and gives a complete illustrated description of the technique. Return the coupon. It will in no way obligate you.



The Xtrrium Company, 343 South Dearborn St., Chicago, Illinois OH 10

Dr. Address

City State

The Publisher's CORNER



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NUMBER 220

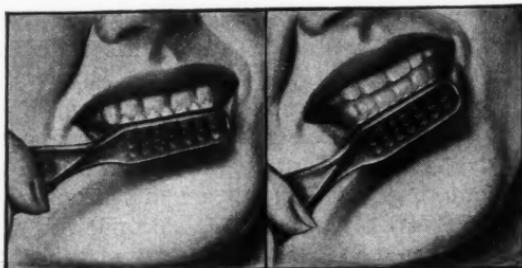
GENERAL MAURICE GUSTAVE GAMELIN, commander in chief of the French armies, is credited by Life magazine with being calm under all circumstances, expressing his philosophy in a single sentence: "It's no use getting angry at facts, it's a matter of indifference to them." The General's philosophy seems sound enough, but the serious drawback is that it deprives you of one of this world's few real solid joys, the one-way rage, the mowing down of adversaries that don't fight back. It is comforting, though, to find in the acres of print about the European terror this one tranquil spot.

It is comforting, too, to come upon another departure from the norm, in one of the newspapers—a modest-sized display advertisement that sets you to day-dreaming about the fun you could have if only you could afford to spend the necessary \$33,333.33 for the private Pullman offered. "The original cost of the car was just under \$100,000. Will sell for one-third of this sum if quick sale can be made."

The horizontal vantage-points so loved by this department, for use in its life-contemplating labors, appear to be plentiful. "There are four large sleeping rooms. Two of them are very large with large special beds. Another room has a long couch bed and an upper berth. The fourth room has lower and upper berths."

The daydreaming is helped by the reference to "a dining room and a large lounge; also an extra large observation platform," and the mention of a shower bath and radio. The advertiser is Box A-883, Pittsburgh Post-Gazette, in case you are

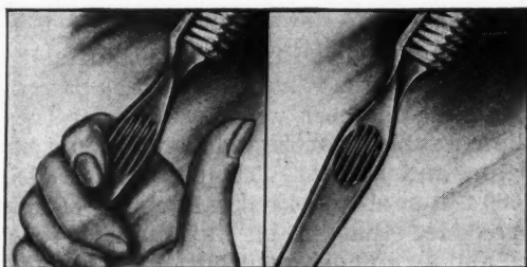
POINTING TO THE MULTIFOLD ADVANTAGES OF THE D. D. TOOTHBRUSH



Brushes the Teeth

Massages the Gums

- (1) High quality genuine bristles of good resilience for brushing and massage.
- (2) NOTE the small brush head with bristle knots widely separated for cleansing penetration to all five tooth surfaces. Even contour of bristle levels make brushing and massage safe.



- (3) LOOK at the uniquely different handle twist. The patient naturally and automatically places brush correctly for proper massage while brushing. The twist causes the bristles to point towards the teeth and not towards the gums.
- (4) NEW—the non-skid thumb-rest for balanced grip and easy manipulation.

You can recommend D.D. Toothbrush to your patients for safe, efficient tooth and gum care.

BRISTOL-MYERS COMPANY

30 FIFTH AVENUE

DEPT. 4

NEW YORK, N. Y.

interested and have \$33,333.33 lying around wherewith to give bone and sinew to daydreams.

Most of us never do anything about our daydreams. But that isn't true of Doctor Fred Von Terglau who practices dentistry on Schermerhorn Street in Brooklyn. It was comforting to find his letter in *ORAL HYGIENE*'s mail—another departure from the norm. Doctor Von Terglau's stationery carries the legend "Stratosphere Research," and that is what his letter is about.

"I would be greatly obliged to you," he writes, "if you could induce some of your state's great daily newspapers to copy the enclosed. I have had plenty of newspaper publicity in New York City, but somehow I didn't get any sponsor. Can you imagine a **FIVE MILLION DOLLAR** national and world-wide advertising for about \$150,000, and I cannot get a sponsor? I wonder what's wrong? This is not a stunt, but a bona fide stratosphere flight with the active cooperation of Doctor Jean Picard, and other scientists."

The Brooklyn Eagle clipping enclosed with his letter is about Mrs. Roosevelt sending a dollar to help the cause; the story describes the project in some detail. The doctor plans to go ten miles higher than any other human ever did. According to the Eagle story, Doctor Von Terglau plans "a huge bag made of cellophane one-eighth inch in thickness. It would be filled with helium which would be heated by batteries in the airtight operating chamber, which would be in the gondola. As the helium was heated more and more it would expand, becoming lighter and lighter . . . The present altitude record is about 73,000 feet or about 14 miles. Doctor Von Terglau confidently predicted that in his helium-heated cellophane balloon he and a co-pilot would float into the stratosphere some 25 miles above sea-level—or 11 miles above the highest point ever before reached by man."

Want a passenger with an escape complex, Doctor Von Terglau?

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This denture material offers many advantages



THE DENTURE MATERIAL FOR THE PERFECTIONIST

DENSENE is an ideal denture material . . . with a special emphasis on the unique, lifelike color which reproduces the translucent tone and texture of healthy tissue *beyond detection in the mouth.*

It is extremely dense to resist oral fluids; strong to withstand abuse

and permit construction of light-weight partial dentures; it's odorless, tasteless and tolerable to tissue; its color and form are permanent in or out of the mouth.

Densene is available in natural gum color or transparent clear for palates. Order from your dealer.

Densene
THE ACRYLIC RESIN DENTURE MATERIAL

COSMOS DENTAL PRODUCTS INC. • 49 WEST 45 STREET • NEW YORK, N. Y.



WHAT TO DO WITH DENTURES

To the patient who finds it difficult and burdensome to keep dentures and appliances clean, why not recommend brushing with VINCE and immersion overnight in a solution of Vince. Two important purposes are accomplished in this simple, easy way: cleansing and deodorizing.

Thousands use Vince daily upon the recommendation of their dentist. Its efficiency as a mouthwash and gargle suggests its regular use for mouth hygiene. Made into a paste and applied to the gums, or used as a dentifrice, Vince is a recognized aid in the treatment of Vincent's and other infections.

Vince is obtainable in 2, 5 and 16 ounces. When writing for a trial supply, please use your letterhead.

VINCE



VINCE Laboratories, Inc. • 117 West 18th Street • New York City

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CLINICAL STUDIES on More than 3000 CHILDREN

*Give Meaning
to this SEAL*



THIS SEAL derives its value from the great fund of information accumulated during the last fifteen years by the Wisconsin Alumni Research Foundation, which has been entrusted with the safeguarding and administration of the Steenbock patents, for the greater good of mankind. The Foundation is glad to acknowledge the contributions to this knowledge, from every source. From the Foundation's own laboratory, licensed manufacturers' laboratories, and through clinical studies in leading hospitals and institutions of the country have come not only perfection of technique and apparatus, but conclusive evidence of the benefits of irradiated pharmaceuticals, milks, and foods in cases of Vitamin D deficiency.

Today's level of knowledge in this field is the result of the expenditure of hundreds of

thousands of dollars. It has involved bio-assays using white rats at the rate of 20,000 a year by the Foundation alone. But all this has been preliminary to the final demonstration which is obtained when the results are applied to actual human cases. For this, the Foundation points to the case histories of over 3,000 children, treated in the clinics of the country's leading institutions, which have demonstrated the positive benefits of Vitamin D medicinals, milks, and foods.

Every licensee of the Foundation is entitled to use the Seal on its licensed products; and every product licensed by the Foundation is tested periodically whether or not the Seal appears thereon.

The Seal or other reference to the Foundation on the package of, or in advertising relating to any licensed product, is added assurance of standard and uniform potency.

About the FOUNDATION

The Wisconsin Alumni Research Foundation is an organization not for private profit, devoted to conducting and supporting research in the natural sciences. Its trustees, all alumni of the University of Wisconsin, render invaluable service entirely without compensation. Among the projects supported by the Foundation and the licensed companies, as well as those conducted independently, special attention is directed to clinical studies in leading hospitals and

children's institutions. Conclusive evidence has been obtained pointing to the efficacy of Vitamin D irradiated medicinals, milks and foods in the control of rickets and dental caries. A comprehensive treatise on the history and activities of the Foundation, with an exposition of its program for supporting research projects, is published under the title, "Scholars from Dollars." A free copy of this booklet will be sent upon request.



WISCONSIN ALUMNI RESEARCH FOUNDATION
MADISON, WISCONSIN

ANNOUNCING S. S. WHITE ZINC CEMENT IMPROVED

Complies with A.D.A. Specification No. 8 (First Revision)

**ENTIRELY NEW FORMULAE
DISTINCTLY IMPROVED IN EVERY RESPECT**

- ★ GREATER STRENGTH
- ★ DEPENDABLE RETENTION
- ★ HIGHER RESISTANCE TO ORAL FLUIDS
- ★ LOW FILM THICKNESS
- ★ ONLY FOUR COLORS
- ★ BETTER COLORS
- ★ SMOOTH MIXING
- ★ COOL SETTING

PHYSICAL PROPERTIES

	A.D.A. Specification No. 8 (First Revision)	S.S. WHITE ZINC CEMENT IMPROVED	
COMPRESSIVE STRENGTH	Ibs. per sq. in., 7 days 12,000 lbs.	Ibs. per sq. in., 7 days 17,000 lbs.	40% stronger than A.D.A. specification requirements
SOLUBILITY & DISINTEGRATION	Maximum % by weight, 0.30	Maximum % by weight, 0.08	Over 3 times the resistance to disinte- gration allowed in A.D.A. specification
FILM THICKNESS	40 microns	20 microns	Film thickness $\frac{1}{2}$ the allowable limit in A.D.A. specification
SETTING TIME	.99° F. (37° C.) 4 to 10 minutes	75° F. (24° C.) 7 minutes	Ample working time
ARSENIC CONTENT	Maximum % by weight, 0.0002 (1 part in 500,000)	Maximum % by weight, 0.0001 (1 part in 1,000,000)	$\frac{1}{2}$ allowable limit in A.D.A. speci- fication. A safe cement

4/2 NEW USER PACKAGE

WITH FREE TRIAL POWDER AND LIQUID



Try S.S. White Zinc Cement Improved without cost or obligation. Order a 4/2 NEW USER PACKAGE. Use the powder and liquid marked "Free Trial." If these meet with your approval, accept the \$5.00 charge for the entire package. If this trial does not prove that S.S. White Zinc Cement Improved is superior to any zinc oxyphosphate cement you have used heretofore, return the remaining bottles intact and receive full credit.

- 1 Powder No. 11 (Pure White)
- 1 Powder No. 12 (Tooth Yellow)
- 1 Powder No. 13 (Incisal Gray)
- 1 Powder No. 14 (Gingival Brown)
- 2 Bottles of Liquid
- 1 Trial Bottle No. 12 (Tooth Yellow)
- 1 Trial Bottle of Liquid
- 1 Powder Measure

PRICE **\$5.00**



ONE-COLOR PACKAGE

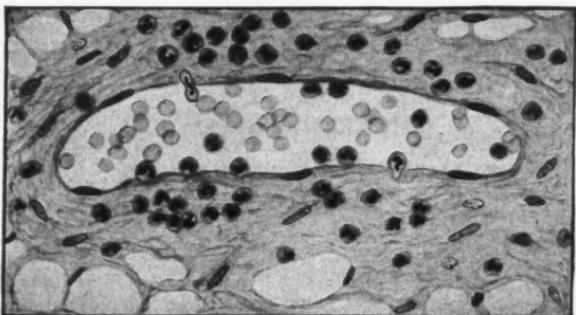
1 Powder—any color }	\$2.00
1 Bottle of Liquid	
Power only	1.00
Liquid only	1.00

6/4 PACKAGE

2 Powders No. 11	1 Powder No. 14
2 Powders No. 12	4 Bottles of
1 Powder No. 13	Liquid
One Package	\$ 8.00
Two Packages	15.00

For Sale at Dental Depots

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA, PA.



The **EMIGRATION** of leucocytes through the walls of small blood vessels is an early defense reaction tending to check the spread of bacteria. Due to lowered general resistance, the attempt at localization of the organisms may fail and systemic invasion may ensue.

Improved Elimination AIDS DEFENSE

The dentist may be able to aid the defensive forces of the body by flushing the colon of wastes which often contribute to lowered resistance. The **FLUID BULK** provided in intestines by the action of **SAL HEPATICA** gently stimulates peristalsis to flush accumulated wastes from the bowel. Its mineral salts help neutralize excessive gastric acidity and promote bile flow to aid digestion.

SAL HEPATICA makes a zestful, effervescent drink which resembles the action of famous mineral spring waters.

SAL HEPATICA

Flushes the Intestinal Tract and Aids Nature Toward
Re-establishing a Normal Alkaline Reserve

SAMPLES AND LITERATURE UPON REQUEST

BRISTOL-MYERS COMPANY

19-L West 50th Street

New York, N. Y.

Announcing

KAODROX

AND

ALUDROX

New Therapeutic Adjuncts
Used in the Treatment of
PERIODONTAL DISEASE

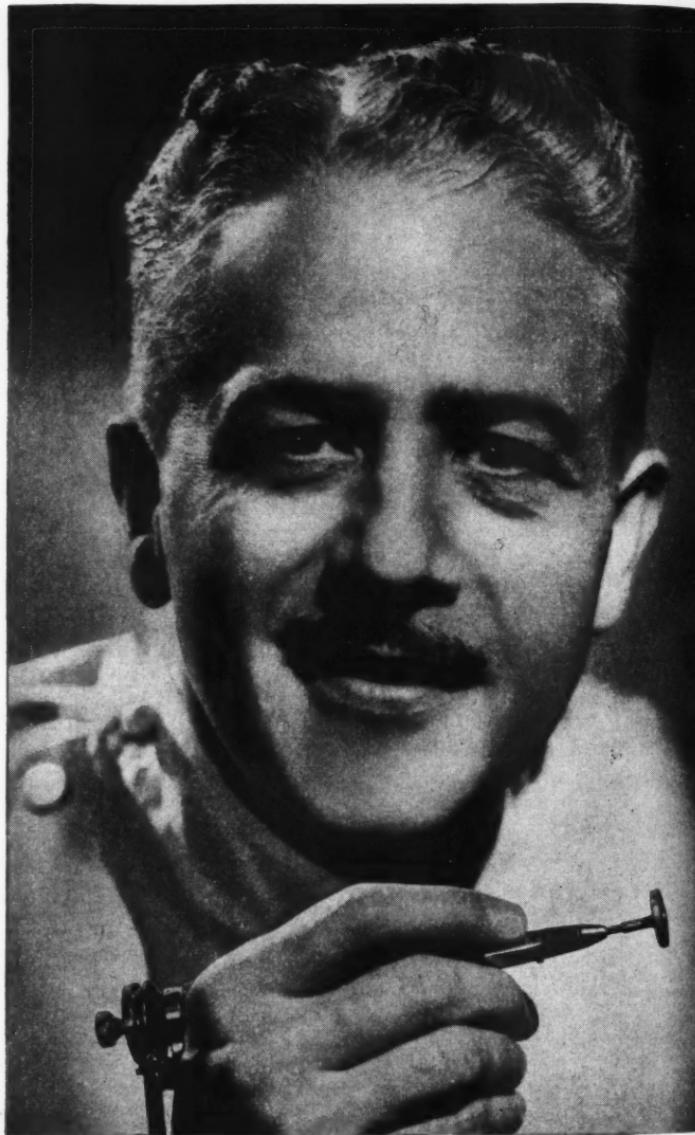
Write for complete information and
a free clinical supply of both products.

Address Dept. O.H.

JOHN WYETH & BROTHER, INC.
Philadelphia, Pa.

Manufacturers of Fine Pharmaceuticals Since 1860

"My Patients Welcome It"



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It as an Aid to Dental Nutrition"

*Dentists increasingly recommending
this protecting food-drink, not only in liquid diets,
but as a regular dietary supplement to
aid in the nutrition of the teeth*

FOR many years dentists have recommended Ovaltine as the "keystone" of a liquid or semi-liquid diet, when extensive operative work has made it difficult for patients to chew solid foods. Ovaltine is not only delicious, and easy to digest—it also provides nutritive factors that materially help to maintain a patient's strength.

In addition to its use in liquid diets, Ovaltine is gaining increasing recognition as a worthwhile regular addition to the diet to aid in the nutrition of teeth.

Ovaltine has the unusual advantage of combining Vitamin D, Calcium and Phosphorus in one food, thereby giving the patient the minerals required by the teeth and the vitamin needed for the utilization of

these minerals. Vitamin D, Calcium and Phosphorus are essential not only to the proper formation of enamel and dentine, but for the deposition of secondary dentine at all ages.

Ovaltine also supplies the additional "protective" factors, Vitamins A, B₁ and G, iron and high-quality proteins—all of which are necessary to a patient's general health.

Why not recommend Ovaltine when patients inquire what foods can benefit the nutrition of their teeth? It should be advised especially of course to expectant and nursing mothers, children, adolescents, and patients whose teeth seem in need of more adequate nutrition.

Ovaltine

AFTER OPERATIVE PROCEDURES AND AS
A REGULAR ADDITION TO THE DIET



An aid in the physiological development of the organs of mastication



The muscles of expression as well as the muscles of mastication are beneficially affected by vigorous chewing. Vigorous chewing is one of the principal factors involved in the development of the muscles of mastication . . . of the jaw bones, and, incidentally of the developing teeth.

The chewing of Fleers Gum, because of its extra toughness, its cohesiveness and its extra bulk, provides an excellent means to assist in the physiological development of the organs of both expression and mastication. In addition, Fleers Gum stimulates a healthy salivary flow and because it will not separate when chewed it penetrates tooth crevices and often dislodges food particles that ordinary brushing will not reach.

Make your own tests of the characteristics of Fleers Gum. At your request, we will gladly send you an interesting professional kit and further information. Just write Frank H. Fleer Corporation, 10th and Diamond Streets, Philadelphia, Penna.

Chewing Fleers Gum Encourages Muscular Development

✓ Check Fleers Gum for These Characteristics

Salivary stimulation :

Consistency and appetizing flavor promote unusually free salivary flow.

Gingival stimulation :

Fleers Gum is three times as large as ordinary gum and easily reaches and massages the gingival margins in the process of being chewed.

Cleansing action :

Cohesive and non-sticky, Fleers Gum will help dislodge food particles frequently missed by ordinary brushing.



FLEERS
Dubble Bubble
GUM

MIZ

Seat perfectly adapted work with FLECK'S CEMENT



AVERAGE
FILM THICKNESS
15/1,000,000ths of a meter

→ ★ The powder particles of FLECK'S Cement are super-refined in order that more powder can be incorporated into its liquid.

→ ★ Although FLECK'S achieves a denser, stronger mix, it still retains a plastic film thickness of only fifteen-millionths of a meter.

→ ★ Thus, with no loss of cementing strength you are able to seat the most delicately adapted work with FLECK'S Cement.

MIZZY, INC. • MANUFACTURERS • 105 East 16th Street, NEW YORK

IT'S HERE AT LAST ! ! ! !

PAINLESS CAVITY PREPARATION

ZINC OXIDE COMPOUND—*Special*

A new formula of J. P. Buckley, the use of which is *safe* and *positive*. Any degree of desensitization of the dentin may be obtained.

There is no fuss or bother when using ZINC OXIDE COMPOUND—Special. Simply mix it with the liquid supplied, just as you would cement, and place it in the cavity or on the sensitive area and leave for 24 hours. If it is necessary to leave for a longer period, the potency may be reduced by blending it with ZINC OXIDE COMPOUND—Plain, according to the directions supplied with each package.

The positive effect of ZINC OXIDE COMPOUND—Special, and the simplicity of its use saves *time* and *nervous energy* of both patient and dentist.

ZINC OXIDE COMPOUND Products may be obtained in a combination package. The individual items may be purchased separately as required. Priced as follows:

ZINC OXIDE COMPOUND Combination	
Package	\$4.00
	(Containing four items)
ZINC OXIDE COMPOUND—Special, . . .	\$2.00
ZINC OXIDE COMPOUND—Plain, . . .	\$1.50
ZINC OXIDE COMPOUND—Liquid, . . .	\$1.00
ZINC OXIDE COMPOUND—Mixing Pad,	.25

Send for FREE descriptive booklet by J. P. Buckley describing these as well as the other BUCKLEY PRODUCTS.

BUCKLEY'S DENTAL PREPARATIONS may be obtained through your Dental Dealer or from the California Dental Supply Company, 643 So. Olive St., Los Angeles, Calif.



BUCKLEY PHARMACAL COMPANY
NORTH HOLLYWOOD

CALIFORNIA



INDIVIDUALIZE YOUR DENTURES AS NATURE INDIVIDUALIZES HERS



Straighten the edges of the centrals to take away the appearance of youth.

Note the beautiful curvature of the mesial and distal surfaces of the laterals. Straighten the incisal edges a little and round the disto-incisal angles into them—very softly.

Take the tip off the cuspids, either horizontally or on an angle to articulate with the lower cuspids.

Tell your patients what you are doing, and why. Let them use the hand mirror freely. Interested patients are boosters.

NEVER let any one else do it for you, especially a tooth manufacturer, unless you want mere stock dentures—"run of the mill," so to speak.

The slight rotation of an artificial central or the retraction of a lateral will begin individualization. A few turns of a stone across incisal edges or angles—in a manner suited to the patient and to the set-up—will help complete it.

Let your dentures express *your* conception of what the manufacturer started by supplying teeth for *you* to grind.

TRUBYTE, NEW TRUBYTE AND TRUBYTE NEW HUE

offer beautiful forms and shades for you to individualize. They are your raw material.



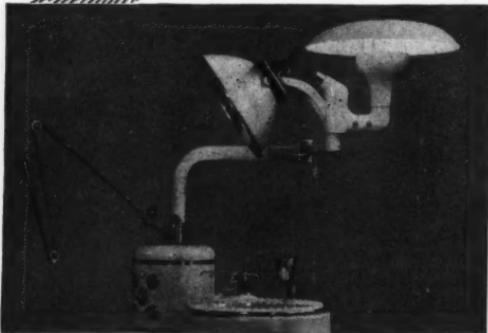
The Dentists' Supply Company of New York

56

SETS OF LIGHT BEAMS

GIVE "Tru-Vision"

GREATER SHADOW-REDUCTION



For balanced room illumination, new Castle "AUX-Lite" can be added to your "Tru-Vision", as shown here.

As near shadow-free as light can be... Castle "Tru-Vision" is the only light with a big 13" multiple step reflector. Think of it: 56 *separate, wide angle* beams of cool, color-corrected light

that floods the entire mouth, diffuses reflections and breaks up highlights. Oral structures are vividly illuminated in their natural colors. Soft penetrating light that is glareless to you and the patient... the same kind as provided by the newest surgical lights. The only light that is back out of the way—40" from the patient. "Tru-Vision" is the light for quicker and better precision work. Write for "Vision in Dentistry".

WILMOT CASTLE CO.
1122 University Avenue
Rochester New York

CASTLE

"Tru-Vision"

THE LIGHT THAT MEANS BETTER WORK... PROTECTED VISION

OCTOBER
1939


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Edward J. Ryan
B.S., D.D.S.

ASSISTANT EDITOR
Marcella Hurley
B.A.

EDITOR EMERITUS
Rea Proctor
McGee
D.D.S., M.D.

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FORHAN'S NEW CAMPAIGN WARNS:

4 OUT OF 5 MAY BE VICTIMS OF GINGIVITIS

ALSO ADVISES

SEE YOUR DENTIST EVERY THREE MONTHS!

Nowadays smart folks go every 3 months to their dentist. In the long run, this not only saves dental bills and needless pain, but it enables

your dentist to keep a close watch for any gum disorders that so often result in terrible suffering and loss of teeth.

INSPIRED by the increasing prevalence of Gingivitis, Forhan's has launched an intensive "Save Your Teeth" Program. This Program stresses the importance of "Seeing your

dentist **EVERY 3 MONTHS** for close tooth and gum inspection." It suggests that patients supplement your skillful care by cleaning their teeth and massaging their gums twice daily with Forhan's Toothpaste, a special formula of Dr. R. J. Forhan. Forhan's Toothpaste has enjoyed professional recommendation for over 20 years. Won't you please indicate it to any patients who may inquire about a reliable dentifrice?



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PERRY BALDWIN

"Log Cabin" Dentist

by SETH W. SHIELDS, D.D.S.

"IF A MAN . . . can make better chairs or knives, crucibles, or church organs, than anybody else, you will find a broad, hard-beaten road to his house, tho it be in the woods."—Emerson.

Doctor Perry Baldwin practices dentistry in a log cabin at Waco, Indiana, so the editor of ORAL HYGIENE informed me. But don't make the mistake of addressing a letter to him there, as I did, because your local postmaster will return it marked, "No such post-office listed." Doctor Baldwin's mail reaches him at his log cabin dental office via R.F.D. Number 2, Montgomery, Indiana, Daviess County.

Finding his unconventional location was no small task in writing the story of Perry Thomas

Baldwin, D.D.S. From Seymour west to Loogootee, U.S. highway 50 first crosses the wide, white river bottoms; then, like a giant grey snake, winds upward through the attractive foothills of the Cumberland Mountains. From Loogootee (pronounced Lo-goat'-tee) and on south, U.S. highway 45 is equally scenic and as pleasant to drive over. We traveled it as far as Whitfield, at which point we were told to follow the second white gravel road west to Alfordsville.

At Alfordsville, I entered the town's only grocery store, well populated with "overalled" giants. I ordered a soft drink from one of the occupants I assumed to be in charge.

Instead of getting the drink, he



After hours, Perry Baldwin relaxes on his Indiana farm.

shouted to someone further back: "Hey, Fonse! Some guy up here in white pants and a green shirt wants a coke."

From this slightly embarrassing situation in the spotlight I was miraculously released by my questions: "Do any of you know Doctor Baldwin at Waco, Indiana, and how can I get there?"

Sure they knew him! Absolutely they could tell me where to find him! They were his patients. So were their folks. Of course they could tell me how to get there, and each one swore by all that was holy that his way to Waco was the best.

All of them wanted to talk at once. I was offered enough confusing information to become hopelessly lost forever, but I distinctly remembered they had agreed on one point—the road

was "rough." Later this adjective proved to be a glaring example of Southern Indiana conservatism and understatement.

As I was leaving, someone shouted to one of the customers, who was slightly deaf, "He must be 'nother one of them writin' guys. Beats all how they hunt doc up, don't hit?"

Holding the screen door open, I asked if they had seen Doctor Baldwin's pictures in *Life* magazine (January 16, 1939).

They had.

"How did it affect him?" I wanted to know.

"Aw not much. Doc don't care 'bout things like that, but just you let him get a new, blooded, Shorthorn bull, and he won't speak to none of us fur a month!"

We Enter Waco

After much more driving and frequent stops for further information we entered Waco, Indiana. It consisted of an abandoned, red-brick school house with broken windows, a small store and one house. Three-quarters of a mile farther south on a lonely, dirt road, we found the Baldwin combined 200-acre farm and log cabin dental office.

Doctor Baldwin's "office" is located about fifty yards south of his flower-surrounded, semi-modern home, where he lives most congenially with two sisters and an older brother. The log cabin is covered by a sway-back, clap-board roof, and its small front porch is copiously festooned with creeping five-leaf ivy. Both

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shade and fruit are furnished by two moderately-sized apple trees at the immediate rear of the northeast and southeast corners of the cabin.

It was necessary to "shoo" a couple of fussy, resting hens from the rough board steps before entering. Doctor Baldwin was waiting, and he greeted me with a bone-crushing handshake and a smile whose warmth made me think of a crackling grate fire in late autumn.

The office is illuminated by day through two ample windows in both the north and east walls. A kerosene Aladdin lamp furnishes operating light, when it becomes necessary to see a patient at

night. It is suspended over the cast-iron, red-plush dental chair which faces the north. A wash basin to the left of the chair is in a neat, white stand and serves as a cuspidor. The dental engine is foot operated, in "excellent condition" and, with an attractive instrument cabinet, completes the armamentarium.

Green curtain partitions separate the combined operating and reception room from the laboratory. In winter, a fireplace is used for heat and, so Doctor Perry told me, wasn't efficient until he started burning white ash logs, which made it too hot for patients to crowd around its opening and keep the heat out of the



Patients enter Doctor Baldwin's dental office through this ivy-covered porch.

laboratory and away from him at the chair.

Meticulous neatness was everywhere evident.

Native of Indiana

Doctor Baldwin was born in Seymour, Indiana, in 1874. His father was a Methodist minister, and his mother, who lived to be 96, was of Virginian aristocracy. His life has been spent in many, small Indiana towns but he never lived on a farm until he was a young man.

After farming for a few years at his present location with his father, who had retired from the ministry, he decided to study dentistry and was graduated from Indiana Dental College with the class of 1902.

Immediately after graduation, he opened an office in Fort Branch, Indiana, and practiced there for two years. Fearful of "the rut" in which so many dentists find themselves, he closed his office, and for the next several years associated himself with different dentists in other localities, who were well known for their skill in the different branches of dentistry. As a result, he acquired an enviable knowledge of crown and bridge work, prosthetics, pyorrhea, extraction and orthodontia. His salaries ranged from \$12.00 per week to \$3500 annually.

In 1917, while practicing in Peru, Indiana, he told his sister that he was ready to return to the farm. The log cabin idea came to him about ten years ago, while

he was plowing a field of corn.

News of its erection and what it was to be used for spread rapidly and it was slightly discouraging, he reports, to hear remarks float back from passing farmers such as: "Heck! He'll never even get his log money back!"

But he did. Although not wealthy, Doctor Baldwin is "well fixed" financially. His fees aren't large, but they're frequent. With the help of his brother, he raises cattle and hogs, and successfully operates the farm in addition to conducting his practice.

He's been asked to appear on the radio program "We The People!" The offer was rejected.

By Appointment

Surprising as it may sound, Doctor Baldwin works by appointment only. Two long and short rings call him to the 'phone, so don't just drop in if you want dental treatment. His well-filled appointment book is often a comforting reminder that he's booked solid for as many as three weeks ahead.

His most frequent dental procedures are extractions, making dentures, and placing amalgam restorations with bridgework a runner-up. He does some orthodontia and was most enthusiastic in describing a difficult case that he is treating.

His patients come from "all over," sometimes from distances as far away as fifty miles.

Discussing collections, he explained that he did "some" work on credit.

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"Then," I supposed, "when the crops are harvested you get your money."

"Crops? . . . Listen, boy, I'm interested in farming, but I'm just as interested in labor and industry as you are. I've got railroaders, bankers, manufacturers, grocers, and plenty of others as patients. Over half my practice comes from the towns and cities here in Southern Indiana."

Office hours start at 7 a.m. and terminate around five or six in the afternoon. Although 65 years of age, Doctor Baldwin said that many times he felt just as good at the end of a hard day's work as he did at its start which, he further declared, was excellent. It's impossible for him to stay home nights—"too many bothersome patients"—so he takes off for the country stores each evening after supper and visits and loaf until bedtime.

He explained, when questioned about his health, that he had just enough diabetes to keep him living about 20 years longer than he might live without it. Regarding his eyesight, he said:

"I can stand on my office porch and see squirrels two hundred yards away in the woods over there, and I believe I could hit one if I had a powerful 'nough rifle."

Duck hunting, quail shooting, fishing, and cattle raising are his chief diversions. He takes no half-day vacations but suspends everything two weeks each year to do as he pleases. His faithful setter, Dickey, was mute evidence of his



*H. S. Shields and Perry Baldwin,
class of 1902, Indiana Dental College.*

love for quail hunting and, so he said, comes first in his affections after "the folks."

Answering my inquiry about health insurance he exploded with:

"When health insurance starts botherin' my practice, I'm gonna be too old to worry much about it!"

I asked if he thought recent graduates might get along in similar locations:

"Glad you ask that question," he said, "A fellow wrote me two years ago and asked the same thing?"

"What did you tell him?"

"Ain't had time to write him yet."

He did say that small towns of from two hundred to one thousand inhabitants were places where decent livings could be



Along a lonely, ungraveled road patients from surrounding towns and farms travel to Perry Baldwin's log cabin dental office.

made in dentistry and stated that, dollar for dollar, the dentist there was better off than the "overhead-eaten-up" dentists in the cities.

Doctor Baldwin is a religious man who attends services every Sunday in a little country church. He loves to read, and his library is virtually bursting with excellent books. He peruses the leading dental journals regularly.

Stocky-built, baldish, and extremely cheerful, Doctor Baldwin emphasizes each statement with a point of his finger, a wave of his hand or a clenched fist.

My father, who accompanied me on the assignment, was Doctor Baldwin's roommate while they were in dental school. As the three of us sat chatting in a

leisurely way, a car drove up in front.

"I don't want 'em, but guess I'll have to take 'em," Doctor Baldwin remarked.

The patient entered, apologizing profusely, for bothering the doctor on Sunday.

"Sall right Charlie," he said. "Cuttin' a little are they?"

"Upper 'un, Doc—lower's all right."

"Come over here, fellers," Doctor Perry said seating the patient. "This is my first roofless job and she's a dandy."

The patient took out the upper denture with difficulty, accompanied by that comforting "sucking" sound which is so pleasantly created when a well-fitted denture is removed from the mouth.

"Sticks tight, Doc," the patient said. "Sometimes I can't hardly pull it out."

I entered the laboratory with Doctor Baldwin, where he smoothed off the irritating spot with the help of a foot operated lathe. While working, he showed me his gold rolling machine where he rolls gold into sheets to be used for crowns.

Doctor Perry insisted that we stay for dinner. Roasting ears, country ham, solid, red-meaty tomatoes, wild grape jelly, country butter and home baked bread were, in large quantities, washed down with tall glassfuls of cool, sweet milk, each of which was

topped with three fingers of rich cream.

We finally decided we'd have to leave, but it wasn't easy to break away. When I met Perry Baldwin, that Sunday morning I liked him; hearing him talk, I admired him; and, now, I envy him. It was all I could do to keep from requesting that he add a room to the ivy-covered cabin; install another chair and take in an associate; and consider my name as leading the list for employment at a place where *grief* and *worry* were just a couple of words in the doctor's dog-eared dictionary.

Seymour, Indiana

THE FIRST HUNDRED YEARS

The dates are March 18-20, 1940. The place is Baltimore, Maryland. The event is the Dental Centenary Celebration, upon which the interest of the entire dental profession will be focused next year. Under the auspices of the American Dental Association, one hundred years of dental education, dental journalism, and dental organization will pass in review during the four days of the celebration. It is an opportunity to commemorate the service of Horace A. Hayden, first president, and Chapin A. Harris, dean, who founded the first dental college in Baltimore in 1840, and to analyze dental progress during its first century. As details of the program are worked out dental readers will be kept informed of the plans for this great anniversary celebration, according to B. Lucien Brun, general chairman of The Dental Centenary Celebration Committee, Baltimore.

A DENTIST LEADS THE BANKERS

JOSEPH E. HUGHES, a dentist who has become an enthusiastic banker, has been elected president of the New York State Bankers' Association. Head of the Washington Irving Trust Company of Tarrytown, one of Westchester County's fastest growing banks, Doctor Hughes, as spokesman for the financial institutions of the state, will combat the impression that all the ills of the nation are traceable to the banks.

In his opinion the financiers have been cast in the villains' rôle too long.

"It was the government," he points out, "that chartered the banks and legislated for them . . . The trouble was that the government tried to legislate management instead of demanding it. Then when things went bad, the banks were blamed. It wasn't their fault but the laws they worked under."

Doctor Hughes believes that there were too many banks in the country a decade ago, making it inevitable that some should crash when the depression came. But unlike some other bankers, Doctor Hughes is not a pessimist about the situation. "The country is not going to the dogs," he told a reporter for the *New Rochelle, New York, Standard-Star*. "The national debt is getting too

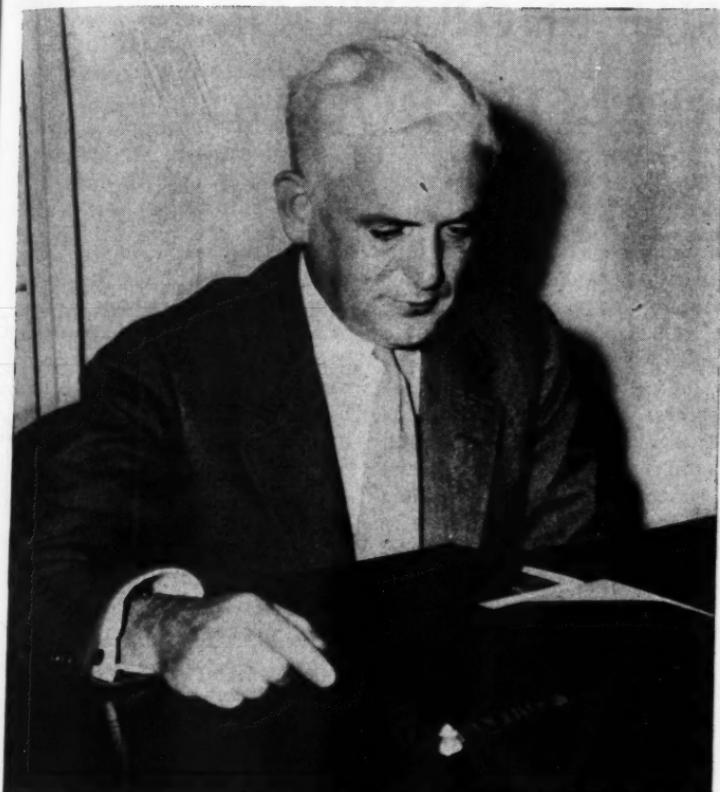
high, relief is not being handled as it ought to be, but the country is doing all right. The banks are . . . in a sound condition and no country can be badly off which has good banks."

In appearance Doctor Hughes is distinguished; at forty-five he is one of the youngest bank presidents in the state of New York. He also belongs to that small group of men who have made a success of one career and turned with equal success to another.

Despite his new interests, Doctor Hughes has not given up dentistry. Formerly one of the leading dentists of his county, he still takes care of patients, mostly those he has been serving for years.

Following his graduation from the Columbia School of Dentistry in 1915, Doctor Hughes opened a dental office in his home town, North Tarrytown. There he practiced until he joined the Dental Corps of the U. S. Army as a first lieutenant, serving with Base Hospital 91 until the end of the World War. Again returning to North Tarrytown, he resumed the practice of dentistry and married Calista Madden.

If he hadn't been elected a member of the board of directors and a vice-president of the Washington Irving Trust Com-



Joseph E. Hughes, D.D.S., is photographed at his desk after his election to the presidency of the New York State Bankers' Association. (Photograph courtesy of the New Rochelle, New York, Standard-Star.)

pany in 1928, Doctor Hughes might never have been distracted from dentistry. But with these new positions to fill he was anxious to learn more about the banking business. He began to study nights at the School of Business and Finance at Columbia University. In 1934 he was elected president of the bank, but he still wanted to find out more

about the theory of banking. He enrolled in the Graduate School of Banking at Rutgers University and stayed on until he received his degree in 1937.

Besides holding various offices in the New York State Bankers' Association during recent years, Doctor Hughes has been president for ten years of the Board of

(Continued on page 1200)

THE SHOREWOOD HEALTH PROGRAM

by E. C. WETZEL, D.D.S.*

IN SHOREWOOD, Wisconsin, a suburb of Milwaukee, we have for a number of years been working to develop a comprehensive health department program in which all the community resources¹ would be utilized to advantage. Our Shorewood Health Board has also made a special effort to study the dental problem and coordinate it with the entire health program. This board, organized in accordance with Wisconsin laws, is composed of five members: three elected village trustees, a physician, and a dentist who is also the dental director. The president of the village, the village manager, and the health officer are ex-officio members of the board.

The vision and thought of these men has been responsible for the creation of the health program and the correlation of its activities with the school, the home, and the community. Each member of the board has a voice in discussing contemplated programs, determining policies, ar-

ranging the annual budget, and employing members of the health department staff, which consists of a part-time health officer who is a physician, a supervisor of nurses, two staff nurses, a dental hygienist, a clerk, and a sanitary inspector.

Although the dental program is carefully integrated with all the health activities in Shorewood, it functions as a unit, and I will attempt to show here how this specialized service takes care of community needs.

The Dental Program

For many years, as chairman of the Committee on Public Relations of the local dental society, I had an opportunity to become acquainted with public health agencies. Observations made in this way aroused in me a desire to develop a simplified, workable community dental health program. After being appointed to the Shorewood Board of Health as director of the dental division, I was able to put these ideas and plans into practice. This program has, as its objectives to, by means of education:

1. Promote the development, eruption, and maintenance of sound, healthy teeth.

*Doctor Wetzel is Dental Director of the Shorewood Health Department Program.

¹Shorewood is a residential suburb of Milwaukee, administered by the village form of government. It has a population of 15,292. A majority of its 6000 families have children.

2. Relate dental health to general health.
3. Prevent and correct dental disorders, in cooperation with the family dentist.

Application of these principles present figuratively, a tripod of:

1. Dental health education, in language to suit the mental age of the individual.
2. Relate dental health to general health.
3. Follow-up.

The health education program we have set up includes the following groups:

1. Pre-natal.
2. Infant (children from 1 year and under).
3. Pre-school (children 1 to 6 years).
4. School (6 years to highschool graduation).

The pre-natal, infant, and pre-school programs afford a splendid opportunity to acquaint the parent and child with the objectives of the department; the parent acquires the knowledge of good health habits, requirements for a proper diet, time of tooth eruption, necessity for preventing finger and lip habits, the need for regular dental attention, and so on.

A record of the physical and dental findings is made at the time of this examination and becomes a part of the permanent health record of the child throughout his school years. All children in need of dental care are advised to visit the family dentist. The value of the pre-school program at the Summer

Round-Up we have each year may be emphasized by the following information taken from our records of the past three years: "One hundred per cent of the children, found in need of dental care at the Summer Round-Up in the Spring, entered school in the Fall, with teeth in good condition."

The School Program

In our school program, four schools are included; three elementary, and one high school, with a total enrollment of 3071.

Shorewood Schools employ the departmental system of education. The home-room teacher correlates health education with the classroom curriculum. Thus, health topics are included in the teaching of art. Another instance—in the teaching of English and science, the scholars compile and edit booklets on health problems. "Health behavior is the main goal of health education": to behave always in a healthful manner is not a habit with which people are born or which can be acquired easily. It involves a long, slow process of education and practice, and this process must begin and progress through various age levels on each of which the content and the method of teaching must be fitted to the child's understanding, tastes, and aptitudes. In the early grades knowledge is not as important as the developing of the proper aptitudes. As the child grows, however, and his ability to understand increases, he wants to know

"why" and must be given satisfying, intelligent answers.

To draw as near as possible to the ultimate ideal of health education—automatic healthful behavior in every life situation—the child must often have occasion to practice the precepts of healthful living. For many children healthful behavior may mean the necessity of making adjustments to their environment. For factors which they can control, they should be taught early to assume responsibility, but they should never be held responsible for what they cannot control. Even though children cannot be expected to control situations in which adequate care of the teeth is involved, they can often influence their parents or guardians, who do not provide the proper conditions because of ignorance or thoughtlessness rather than because of economic necessity.

The Dental Hygienist

Health education is supplemented by members of the health department staff. The direct teaching of dental health is done by the dental hygienist. This is carried on in a "dental office environment" and in "group instruction." Each school contains a well-equipped health room, including a modern dental chair, cabinet, sterilizer, desk, and bulletin board, with chairs to accommodate the children of the group. The number of children in a group varies from eight to twelve (depending upon the age group).

The children are seated in a semi-circle, facing the dental hygienist. Toothbrush drills are also taught by "group instruction." The dental hygienist demonstrates and explains the correct position of the brush on a type-odont. Each child is then given a brush and asked to repeat the demonstration "outside of the mouth." This procedure is repeated until the child can not only demonstrate but explain in his own way, a proper method of toothbrushing.

In the Schoolroom

Kindergarten and first grade include:

1. Positive dental health stories.
2. Motivation of the child in acceptance of dental office procedure.

Second and third grade:

1. Dental health talks stressing: food, fresh air, sunlight, exercise, rest, cleanliness and so on.
2. Mouth health habits.
3. Regular dental care.
4. Instruction in a proper method of toothbrushing, begun here, is carried on throughout all grades.

Fourth, fifth, and sixth grades:

Discussion of development, eruption, shape and structure of teeth, food, and mastication. The children are invited to participate in the discussion. This results in an animated conversation on related phases of dentistry, including orthodontia and other types of restorations.

A summary of the dental educational program conducted by the dental hygienists in Shorewood during the past year:

Number of children receiving instructions in toothbrushing	1371
Number of children told short dental health stories	689
Number of children given dental health talks	1133
Group meetings attended	30
Individual conferences	1295
Infant and pre-school clinics attended	42

Junior and senior high school:

1. Continuance of individual health education at time of mouth survey.
2. Showing of models and illustrated talk by the dental director.

Periodic Mouth Survey

The term "mouth survey" is used to differentiate it from the "examination" made by the family dentist in which he may include roentgenograms, study models, and so on. This is made twice a year—in the dental chair—with mouth mirror and explorers. For each child a dental record card is made out containing information pertinent to the dental health of the child; age, parent's name and telephone number, date of survey, type of malocclusion (receiving or planning to have orthodontic treatment), calculus, stain, home care, soft tissues, number of carious teeth, number of teeth with "fillings" and other types of restorations. The back of the card is used for any further information.

This card is filed for future reference and becomes a part of the health record of the child and constitutes a composite picture of the health status of the child, at a glance. The relationship of the controlling physical factors and the resultant mental activity can readily be compared. Any deviation from the normal is noted on the card. *No diagnosis is made.* The child is given a homecard, signed by the dental director and hygienist, recommending immediate consultation with the family dentist.

Follow-up

Adequate follow-up on every case found with any deviation from the normal is essential. This is done by periodic re-check, telephone, home-calls, and individual conferences.

In addition, cooperative group meetings are held as a part of the integrated program, planned by the school principals for the purpose of considering the pedagogical problems as possible psychological or physiological cases.

These discussions are held regularly by grade groups and include the counsellors concerned, the curriculum coordinator, the school psychologists, and the supervising nurse. This correlation of information has been an invaluable aid in finding a solution for these cases.

Results of Dental Program

The first step, at the time of inaugurating the dental program, was to make a dental survey of the grade school children. A control group was also established. This initial survey showed that 22 per cent of grade school children had teeth in good condition. Five years later our survey showed that *87 per cent of the grade school children had teeth in good condition*. The program was then extended to include the pre-school and the high school groups. At the close of school in June of 1939, our records show that *86 per cent of all school children of Shorewood had teeth in good condition*.

The following figures are taken from the Annual Report of the Health Officer, dated July 1, 1939:

Total expenditures of the health department for the fiscal year (July 1, 1938 to June 30, 1939) were \$13,752.54 or a per capita cost of 0.899.

Breaking these figures down in terms of the dental program we have a per capita cost of less than two cents.

Whatever success we have attained can be traced to: the village and health boards for their vision in providing the necessary funds, the school authorities, the teaching personnel and the residents of Shorewood for their enthusiastic cooperation, and to the loyal service of the health department staff.

Collectively, we believe that no community can give to its children a better heritage than to help them to have healthy bodies in which to develop their minds.

1008 Majestic Building
Milwaukee, Wisconsin

CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective. Mailing wrappers are of necessity addressed two weeks or more prior to the publication date; hence when your address change reaches us late in the month preceding publication it is often impossible to make it effective before the second month following.

CLOSER COMES THE DAY

by WILLIAM PAUL KLEIN, D.D.S.

ONCE UPON A time there lived a "doctor." He was not a great, big "doctor," nor was he a little one. He had enough practice to keep him rather busy, had a nice home, a comfortable car, went fishing once in a while, and saw a few good football games and the World's Series. Occasionally, he became a little dismayed at the inroads of nearby clinics upon his practice, and twice he actually became quite indignant over the talk about socialization of medicine in Washington. But the demands of his practice soon distracted him, and his indignation died away in futile apathy.

One day a friend said to him "Doc, I see somebody was talking about you doctors forming a union—pretty smart move, that, and long overdue!"

If he had a phobia, our little "doctor," it was this. "Union, phaugh!" he snorted. "I am a professional man, sir. I hate unions like poison. Sit-down strikers; chiseling loafers, sir, everyone of them."

"Sorry to hear you say that, Doc," said the friend. "I figured the doctors were going to come out from behind the eight ball

and fight for their rights, and chartering a union under the A. F. of L. is the one certain way of making monkeys out of those pushing the various schemes of confiscation."

"How do you figure that out?" queried "Doc."

"Simple," replied the friend, "the administration in Washington is turning handsprings to please the union lads. They, in turn, are the prime movers behind the demand for socialization. Join them and you reverse the whole situation. Organized labor, then, must fight for you instead of against you; and the administration will turn a few cart wheels to please you doctors instead of coldly planning to take the bread and butter right out of your mouths. The boys that thought that out have more brains than I gave the doctors credit for!"

"Rot!" said "Doc." "I wouldn't join a union if I had to starve. Walking delegates, strikes, shorter and shorter hours! Tie up industry and make the country starve!"

"Oh wait, Doc, don't be so harsh! All union members are not auto workers. How about the great musicians, singers,

orchestra leaders, virtuosos; men whose names are known round the world. Everyone of them is a member of some local. How about the great actors? They were all too proud and haughty to join a union. Preferred to starve—and starve they did! Motion picture actors, camera men, writers, scenery directors—each a genius in his line and making more money in a month than you make in a year—and everyone a member in good standing of his own local! Doc, you're all wet on unions!"

"My friend," "Doc" replied with great dignity, "members of the healing art have not the need to unionize. We are benefactors of humanity and, as such, we cannot afford to lower ourselves in the public eye. Besides, the American people will never stand for socialization. It can't happen here!"

"O. K., Doc, skip it. See you later!"

Our "doctor," as he started on his appointments, virtuously patted himself on the back for having worsted the devils of unionism, and soon forgot the whole discussion.

Years elapsed; laws and more laws were passed. The little "doctor" found more and more time on his hands as his patients went to the big medical centers. His car was old now and he could not afford a new one; his house needed paint and was being advertised for taxes. Many, many times he had reason to wish devoutly that he had not been so sneeringly superior toward the idea of joining a union. Finally, in desperation, he went down to the big medical center and applied to join the panel.

"Fill out these forms in quadruplicate"—said the local bureaucrat.

"But I want work—I am a well-known, well-established doctor."

"If the forms come back properly approved, we'll give you all the work you want," said the bureaucrat, "you will draw \$1,200 a year salary—Next!"

Moral: Apathy plus prejudice makes a fine team—to avoid.

34 Prospect Street
East Orange, New Jersey

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DENTAL MEETING DATES

University of Buffalo, School of Dentistry Alumni Association, thirty-ninth annual meeting, Hotel Statler, Buffalo, New York, October 11-13.

Odontological Society of Western Pennsylvania, annual convention, William Penn Hotel, Pittsburgh, October 11-13.

Southern California State Dental Society, forty-second annual meeting, Ambassador Hotel, Los Angeles, October 16-18.

American Society for the Advancement of General Anesthesia in Dentistry, regular meeting, Midston House, 38th Street and Madison Avenue, New York City, October 19.

Northern Indiana Dental Society, Hotel Anthony, Fort Wayne, Indiana, October 25-26.

District of Columbia Dental Society, second and fourth Tuesdays in each month from October to June, United States Public Health Auditorium, Washington, D. C.

Ohio State Dental Society, seventy-fourth annual meeting, Neil House, Columbus, Ohio, November 6-8.

Greater New York Dental Meeting, First and Second District Dental Societies, Hotel Pennsylvania, New York City, December 4-8. Address mail to Room 106A.

Rhode Island State Dental Association, annual meeting, Providence, January 17-18, 1940.

Greater Philadelphia Society, annual meeting, Benjamin Franklin Hotel, Philadelphia, January 30-February 2.

Chicago Dental Society, midwinter meeting, Stevens Hotel, Chicago, February 12-15.

Minnesota Dental Association, annual meeting, St. Paul Auditorium, St. Paul, Minnesota, February 27-29.

Louisiana State Dental Society, sixtieth annual meeting, Monroe, Louisiana, April 18-20.

Dental Society of the State of New York, annual meeting, Hotel Statler, Buffalo, May 14-17.

STRATEGEMS TO AID PRACTICE BUILDING

by C. H. PUTERBAUGH, D.D.S.

FREQUENTLY I HEAR dentists remark that they are not permitted to advertise their services in an antiquated code of ethics. I often remember my school clinic where students usually got little instruction in business methods. It is comforting to recall, however, that for a great many years the dental school has collected its fee for dentures in advance, for bridgework before it was constructed, and for restorations before they were inserted in the mouth. Some of my classmates used to complain because the school would not extend credit. Commercial traveling salesmen often make the same sort of remarks about their credit men.

The unwise extension of credit is extremely poor advertising. The proper or wise extension of credit is an excellent advertising medium. The determination of the proper extension of credit is complicated, but may be made by using the local credit bureau, by a discussion with the patient himself, and in some cases, by a discreet inquiry of his neighbors, friends, and neighborhood stores. I consider the proper and reasonable extension of credit as important a factor in the accretion

of a practice as a well-arranged, clean office, a pleasing voice and manner, and technical ability.

Some of us maintain a free x-ray service with which to discover and demonstrate areas needing treatment or adjustment. If we chat knowingly and extensively, we may induce some of these patients to purchase large laboratory-designed restorations at high fees, or we may locate unsuspected cavities, abscessed teeth, or pyorrhea.

A few years ago four out of five had pyorrhea and countless visits for treatment were necessary in the more successful practices. Frequent applications of remedies, which of course had to be rubbed in by the dentist, assured a large and steady following that became so well acquainted with the genial practitioner as to develop a deep sense of loyalty and appreciation.

Of course, novel methods of "contact" maintenance have been borrowed from other professions, notably the insurance profession. I refer to the greeting card system of practice building. In this system, suitably designed cards are purchased from a stationer, preferably one with a large circle of acquaintances, and are



"—you might buy your meat from a different butcher each day and he in turn will send one member of his family to you for dental service."

sent to each of our patrons on such memorable occasions as Christmas, birthdays, Memorial Day, Labor Day, and so on. These are separate and distinct from the quarterly reminder, which may be printed or telephonic, that another examination is imminent or the monthly assurance that past service has not been paid for. Many a patient has been retained through these gentle advertisements delivered by the

familiar uniformed representatives of an avuncular plutocracy.

I am far from being convinced that a regular monthly report of financial status is not desirable both to the patient and to the dentist. Really, now, we are being quite unfair when we cease sending these regular reports to valuable patients, just because they pay their bills. I am seriously considering the installation of a new system whereby I will notify

all past clients monthly that their account has been paid and, like the department stores, that their continued patronage would not only be pleasing to me but that they, the patients, might benefit thereby. Then I would not have to spend hours wandering over a hellish terrazzo floor picking out suitable colored cards and reading all the birth and marriage notices in the local newspapers, which mean still more cards. My staff of secretaries would simply use a form letter and envelope, giving me more time to stand at the chair and discuss the weather.

Try the Butcher

Another system that works is to distribute your local purchases as widely as possible. I mean that you might buy your meat from a different butcher each day, and he in turn would send one member of his family to you for dental service. You see, he probably sells meat to five or six dentists and must distribute his family in order to keep their patronage. Your weekly order and monthly check are eloquent reminders and absolutely prevent his thinking you might have moved. Such misapprehensions have in the past been responsible for much loss of business. Of course, an unmarried dentist will not trade at a butcher shop. He will probably eat out his bill, if his digestive system can stand it. I know of one dentist who, during a long professional career, has dined in half the boarding houses of his

city, and his experiences are invaluable when considering further dental service for these people. His daily appearances in the dining room helped to implant in the minds of his fellow gourmets an ineradicable reminder of his profession. Unfortunately, he tired of rice pudding and stewed raisins and, for a time, paid cash for his meals.

Dentists, from time immemorial, have been important and useful personages in their communities. What is more natural than that the dentist should seek his rightful level in the social stratum? Show me a dentist who does not belong to several worthy uplift societies as the Tigers Club, a sports association, or other rendezvous of the prosperous. At the regular conclaves, whether fortnightly or monthly, wherever the interest is most avid, where initiative and responsibility are most essential, you will find a dentist. Even at play he must maintain and make fresh "contacts" lest too many dentures and too many removals of residence deprive him of a livelihood.

Of course, he might traverse the residential sections of town on foot and, through his frequent excursions, make still more acquaintances, but even a dentist gets tired of walking at times. This simple system of advertising has its points, as you may discover if you give it a trial. Walk a mile on a certain street every day for a week, and you will arouse someone's curiosity. Walk

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two miles every day, and double your practice. Walk ten miles a day and be too worn out to care whether you have a practice.

Toys for Junior

In the use of the toy technique, designed to attract the child, the dentist starts in with five dollars' worth of twenty-five cent toys. When each child has had five restorations inserted and paid for, he is entitled to choose

one of the toys as his reward. This method has its merits as the youngster's memory is short, and you may be able to insert six or seven restorations before he realizes that he is entitled to a toy. Woe be to the dentist, however, if only four cavities can be found, or if he cannot find any toys Junior does not already possess. Then, too, toys wear out and then "contact" with the dentist is broken.



"When each child has had five restorations inserted and paid for he is entitled to choose one of the toys."

Formerly the most superior method was the name method, now known as the "Mr. Farley method." This method requires a prodigious memory and consists of hallooing every person on the street as, "Howdy, Mr. John Jones, Howdy Mr. Ben Burntem, Howdy Mr. Small Schmaltz," ad infinitum. I am told that persons of short memory are obliged to make a crib, such as we all used in dental school, a roll of paper wound on a match stick and inscribed with a list of names of the inhabitants of the hamlet, town, or city in which you live. If you forget a name, you turn this cylinder to the proper place as the neighbor approaches, and the elusive cognomen can be found and pronounced as you come abreast, thus adding to your prestige.

It appears that most dentists make use of more than one method of setting up the right connections. One of the most delightful is the hobby method. Hear ye, all you candid camera addicts. Mount your candid camera in the window and disguise it to look like a clock, thermometer or fancy ash tray. Floor lamps on either side of the patient can be turned on and a picture obtained without the victim realizing that he is being shot. Imagine his pleasant surprise, on his next visit, discovering his own likeness in the album on the reception-room table. Hordes of sentimental women will herd their camera shy husbands into your office for dental service, if

you will make an extra print, suitable for enlargement.

Juicy Tid-Bits of News

Employment of the columns of the local newspapers has for decades been a tempting source of "contact" maintenance. More effective than the familiar card in the professional column is a good publicity agent, who will keep the papers informed that Doctor Blank has just returned from a dental convention where he read a paper on "Obscure Phenomena in Relation to Office Practice." Such a choice item of publicity should appear several times so that readers missing it one evening can still have an opportunity to brush up on current events. The publicity director may also supply the papers with weekly items of disguised news such as, "Mrs. Mac McIntosh entered City Hospital yesterday where Doctor Blank will operate at nine o'clock for the removal of an infected tooth."

The society page is another fertile field that deserves your attention. Upon the eve of a cocktail party preceding the Country Club dance, mail the social editor a list of the guests. This not only flatters the business executives who usually have to pay to get their names in the newspaper, but impresses social climbers and other lay readers with the fact that Doctor Blank is well connected socially.

Perhaps you are one of those persons who appreciate the novelty of an occasional surprise



*“——the thing to do
is to cultivate the em-
ployees of the local ho-
tel.”*

visit. Then the thing to do is to cultivate the employees of the local hotel. You might even purchase space on the hostelry's bulletin board, illuminated map, or desk blotter alongside the local naprapaths and herbalists.

The various and sundry means of corralling patients are infinite, as consider a certain dentist in a large office building who moves to the office next door whenever business becomes slack. The removal of his office from room 202 to 204 means that he will be entitled to send out announcements. This means of "contact"

maintenance has many delightful features, since a note may be included about any past due accounts and a reminder that the expense incident to moving will make immediate settlement of all bills an occasion for additional rejoicing.

The new graduate may scoff at all these methods, insisting that good service is the basis of a large and contented practice, yet how often will he be found loitering about the nearest confectionery, inviting acquaintances to partake of an ice-cream soda at his expense! Many a practice builder

develops the coffee habit, passing in full view of countless dental cripples on his frequent excursions to the coffee shop where he

dallies between appointments and strikes up new friendships.

110 South Race Street
Urbana, Illinois

A DENTIST LEADS THE BANKERS

(Continued from page 1185)

Water Commissioners of North Tarrytown. In this capacity he was able to cut the consumers' rate from \$3.75 to \$2.00 per thousand gallons and accumulate an \$85,000 surplus for the city.

Outside of his work Doctor Hughes has no engrossing hobby, but he rides horseback with his two daughters, Ann, 11, and Elizabeth, 17, and plays golf occasionally.

STATE BOARD EXAMINATIONS

New Jersey State Board of Dental Examiners, annual examinations, December 11-16, inclusive. Complete information may be had from the Secretary, Doctor Walter A. Wilson, 148 West State Street, Trenton, New Jersey.

California State Board of Dental Examiners, annual examinations, commencing December 4, College of Physicians & Surgeons, San Francisco, California. For information write to Doctor Kenneth Nesbitt, State Building Annex, San Francisco.

Ohio State Board of Dental Examiners, annual meeting, week of October 23, College of Dentistry, Ohio State University, Columbus. All applications must be in the hands of the Secretary at least ten days before date of examination. For information write to Doctor Morton H. Jones, D.D.S., 1553½ North Fourth Street, Columbus.

Connecticut State Dental Commission, regular meeting, November 21-25, Hartford. Applications should be in the hands of the Recorder at least ten days before the meeting. For information write to Doctor Almond J. Cutting, Southington, Connecticut.

OAKLAND'S MAYOR IS A DENTIST

EVER SINCE Bill McCracken visited the dentist, as a small boy, and returned home so delighted with the experience that he painted "Dr. W. J. McCracken, Dentist" in red on the basement window of his home, he has liked dentistry better than anything else. Although he has been the Mayor of Oakland, California, since 1933, he has handled his official responsibilities, not at the City Hall, but in his dental office, where he continues to carry on the practice of dentistry.

Doctor McCracken was born in Oakland, the son of pioneer parents who came across the plains in a covered wagon in gold rush days. After graduating from the University of California Dental School, he began to practice dentistry in Auburn, a small town in the foothills of the Sierras. Here he was married and showed his first interest in civic life by becoming a director of the school board. A few years later, Doctor McCracken moved to Oakland and opened a dental office in the



*William J. McCracken, D.D.S.,
Mayor of Oakland, California*

building opposite the central plaza on which the City Hall is located. He furnished his new "dental parlor" with the red and green plush chairs and a foot-operated dental engine, the most up-to-date equipment of the early nineteen hundreds.

Today Doctor McCracken runs his dental office strictly on an appointment basis and has time between patients to dictate speeches and letters as he works in his laboratory. In other intervals he receives official visitors, and seems to have little difficulty in combining a successful dental practice with the management of a prosperous city.

Another indication of the popularity of dentists in civic affairs in Oakland is the fact that the vice-mayor of the city, Thomas W. Fitzsimmons, is also a dentist.

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO
ARGUE FREELY ACCORDING TO MY CONSCIENCE
ABOVE ALL LIBERTIES. *John Milton*

"THE SHAPE OF THINGS TO COME"

WHEN THE CONGRESS adjourned many of the opponents of the Wagner Health Bill, known as Senate Bill 1620, heaved sighs of great relief. These people thought that, because the provisions of the Wagner bill were not enacted in the federal law during this session of Congress, the whole subject was over and ended and that the threat had passed. There was nothing, however, to substantiate this wishful thinking, because a sub-committee of the Senate, under the committee on education and labor, indicated quite definitely, in a preliminary report to the Congress, that an amended health bill will be presented to the Congress when it reconvenes in January, 1940. This is what the sub-committee said in the preliminary report:

"S. 1620 has received wide support from large and representative organizations. Its objectives are noncontroversial. Our Government is dedicated to promoting the welfare of the people and the protection and improvement of health and well-being. Making available to all of the people the great life-saving services which modern medicine has to offer is an objective which every right-thinking citizen supports.

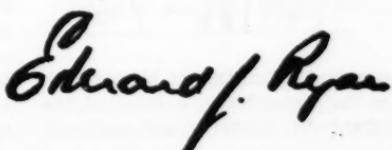
"The committee is convinced that Federal legislation along the general lines followed by S. 1620, based upon Federal-State cooperative programs, is necessary to strengthen the health services of the Nation."

This statement can mean only one thing. The general objectives of the Wagner Health Bill, which in turn were the recommendations of the National Health Conference, are to be recommended for enactment into federal law. In reading this preliminary report of the sub-committee, it is possible for us to foreshadow the scope of the amended bill. Some anticipation comes from the answers given by the sub-committee to some of the arguments raised against the bill. The opponents of the legislation were distressed at the idea of the multiplicity of agencies involved in its administration, at the principle of grants-in-aid to the states, and finally they talked rather darkly of revolutionary and dangerous changes in the medical distributive system. The sub-committee in its preliminary report answers some

of these arguments, and these answers are definitely the foreshadowing of what one may expect to find in the amended bill.

First, the sub-committee says that with the President's reorganization plan there has been created the Federal Security Agency, which coordinates the two most important administrative services for a national health program, namely, the United States Public Health Service and the Social Security Board. Second, to those who objected to the grants-in-aid embodied in the bill and urged that a federal officer, preferably with cabinet rank, should administer the health program and approve the expenditures, the sub-committee answered that only "the Congress shall determine, in clear and unequivocal language, the conditions and circumstances under which federal aid may be available to each State and the formulas which shall determine the amount of such aid." This, of course, means that the legislative branch is going to guard jealously its prerogatives against usurpation from the executive department. Third, the people, who argued that such a program would be revolutionary and dangerous, apparently presented no facts that the committee considered valid or pertinent and the fears that were conjured up were definitely "unwarranted."

The sub-committee also foreshadows "the shape of things to come" by indicating that the provisions for training personnel may easily include professional education as well as the training of administrative personnel, which is another way of saying, the subsidizing of dental, medical, and nursing education by the federal government. In the matter of health education, the committee "is prepared to make the intention clear and specific." Apparently some persons who appeared at the hearings of the sub-committee suggested that certain professional services be included explicitly, whereas on the other hand, certain types of practitioners be denied participation in the program. In answer to this the committee states that, to guarantee the flexibility and latitude of the bill, there should be no specific stipulations with respect to the exact type of service. With reference to determining the eligibility of practitioners, the committee feels that this is entirely a function of the state, which always has had and always will have the power to regulate the practice of the healing arts. The committee makes it plain that states will be allowed to work out programs to suit local needs and conditions.

A handwritten signature in cursive ink, appearing to read "Edward F. Ryan". The signature is fluid and somewhat stylized, with a prominent 'E' at the beginning.



Dentists in the NEWS

Youngstown (Ohio) Vindicator & Telegram: Howard L. Williams, D.D.S., of Girard, who was elected as a representative to the Ohio legislature last year, has been appointed head of the State Bureau of Dental Hygiene. Although he is undecided whether he will resign his position as representative, he has left for Columbus to accept his new appointment.

Maryville (Missouri) Forum: E. L. Thomas, dentist of Burlington, does not say he "invented" all the oddities in the way of fruits and vegetables he displays in his gardens, but he has certainly collected and en-



couraged them. One of his favorites is the boysenberry, a cross of the loganberry, dewberry, and raspberry.

Similar in general shape and color to the blackberry, the boysenberry is several times larger and much more luscious. In flavor it is tart and grows on a long, rambling bush that must be trained upon a trellis. Among Doctor Thomas' many importations from foreign countries, is the Guinea bean, a type of squash that is white, grows in the shape of a ball bat, and is to be fried like an egg plant. Another worthy vegetable in his garden is the spaghetti squash, which you simply put in boiling water for twenty minutes, remove the seeds, and what remains inside is a perfect imitation of stringy spaghetti.

Baltimore (Maryland) Sun: Doctor Sylvia Sparck, who began to practice dentistry before she was 20, has an international background that has largely influenced the type of practice she has developed. Having lived in Russia, Lithuania, Germany, and England, she was selected as the official dentist in Baltimore for visiting seamen from all foreign countries. Now most of her patients

are men and persons living near her office on South Broadway, who are of foreign extraction.

New York (New York) World-Telegram: A special forceps with which airplanes can pick up and deliver airmail, without stopping at small towns, has been invented by



Lytle S. Adams, a dentist of Irwin, Pennsylvania. It is now being used by the All-American Aviation, Inc., in the operation of an experimental airmail pick-up service to small towns along two routes. With this device it is possible to deliver packages up to 35 pounds, and parcels weighing as much as 20 pounds can be taken on board in flight. Fragile goods, however, cannot be handled.

Newark (New Jersey) Sunday Call: Completely reversing his original hobby, J. B. Pardoe, a dentist of Bound Brook, who has, for the last forty years, collected everything from minerals to photographs, has now become a distributor. Although all his collections have been notable, Doctor Pardoe is disbursing them with the philosophic comment: "Why not? I've had the fun of collecting. Now I'm going to have the fun of selling." Among the items he must dispose of are hundreds of shot-guns, ship models, barber bottles, Indian relics, paintings, etchings, insects, old china, bric-a-brac, powder flasks and horns, pottery and canes.

But his most prized collection contains 30,000 negatives and 10,000 photographs, many of which have won prizes in exhibitions held in cities throughout the world. Doctor Pardoe's collections fill two floors of an office building, and one man who inspected them recently said it was "like trying to see the World's Fair."

Time Magazine (New York): When an 88-pound meteorite fell on a farm near Chatham, Ontario, Luke Smith, retired dentist and amateur geologist, hurried out from town and bought it from Farmer Dan Solomon for \$4.00. It was jet black and "smooth as velvet" on one side,



heavily "thumb-marked" on the other. Soon Doctor Smith was besieged with offers for it—\$200 from the University of Toronto, somewhat less from the Smithsonian Institution, the University of Pennsylvania, the University of Western Ontario in London, and a number of private collectors, but only one man "came close" in the opinion of Doctor Smith. Undisturbed by the amusement of astronomers, who thought Doctor Smith was overrating a quite ordinary meteorite, he decided it was worth \$880 or \$10.00 a pound. He even threatened to have the meteorite cut up in small pieces, polished, dated, and sold as souvenirs.

Larchmont (New York) Times: Doctor Louise C. Ball, a dentist who has developed a successful practice

in dental surgery in her office at 130 East End Avenue, New York, has also gained recognition internationally for her dental research. Every four years she spends four months traveling, and her study of dental problems has taken her to South America, Jugoslavia, and to South Africa where she has been made an honorary member of the South African

Dental Society. Outside of her dental career, Doctor Ball has other activities. She is an enthusiastic gardener and raises many varieties of flowers, fruits, and vegetables at her home in Mamaroneck, where she lives with her eighty-seven year old mother. Doctor Ball is a graduate of the College of Dental and Oral Surgery, Columbia University.

For contributions to DENTISTS IN THE NEWS these readers have received awards this month:

JOHN H. NESSON, D.M.D., 120 Boylston, Boston, Massachusetts
JULES S. FEGELSON, D.D.S., 409 Mill Street, Bristol, Pennsylvania
H. S. JONES, D.D.S., 44 North Twelfth Street, Allentown, Pennsylvania
SAMUEL BROCK, D.D.S., 1316 Jefferson Avenue, Buffalo, New York
JACOB L. CHIVIAN, D.D.S., Editor, *Essex County Dental Society Bulletin*, 99 Shanley Avenue, Newark, New Jersey

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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DEAR ORAL HYGIENE:

"I do not agree with anything you say,
but I will fight to the death for your right
to say it."—VOLTAIRE

The Millberry Plan Is Not the Answer

Guy S. Millberry, former Dean of the College of Dentistry, University of California, in a paper read at the Kansas City meeting of the American Public Health Association,¹ suggested a new and rather revolutionary plan for the greater distribution of children's dentistry to the indigent class. Briefly Doctor Millberry's plan is to educate the dental hygienists to prepare and place restorations in the mouths of younger children. Doctor Millberry proposes to add twenty-six hours of what he calls intensive study in operative dentistry to their curriculum. He seems to feel that twenty-six hours of additional training will suffice to enable the hygienists to share the risk and responsibility for which we have labored four, five, and six years. There seems to be no doubt in his mind that the placing of restorations in class one cavities in indigent children will, from there on, eliminate their future dental disorders.

From what angle are we going to view this thesis; from the health point of view of the children's mouth, or shall we display a united front to any untoward breaking down of our now standing state dental laws?

A few generations ago dentistry

took its first faltering step from behind that red and white symbol, the barber pole. Since then the men who have had an interest and pride in dentistry have been far seeing. They have brought dentistry along, easing it over the rough, stony paths of prejudices and faulty materials, and poor workmanship—but always leading it forward. Thousands of men: men who have bathed in the lime-light of publicity, men who have wandered through life in obscurity, have tried to find a better, a more hygienic way to do things. All of these are of history—yes, our history.

These men behind us, and we of today, are not working entirely for money, but for the love of our profession. Yet we are asked to divide our heritage, our present, our future. For what? For twenty-six hours of training (call it what you will) to nurses, hygienists.

The misfit, the unfortunate, the poor, are always with us. As the standards of living grow higher, there is always, and will always be, a certain sifting downward of that class of people who, through lack of skill, ability, or just plain laziness, drift into helplessness. If the standard of living is too high, let all of us reduce it. But don't ask me for one part or particle of my profession.

The false premise from which Doctor Millberry draws his conclusions is not based upon necessity; but rather upon what he would like to

¹Propose More Dentists, Less Training,
ORAL HYGIENE 29:30 (January) 1939.

see done, including giving the privilege to these girls of expanding their education. But how can you allow the young women the right to place restorations in class one cavities and forbid them to take care of a class two? If you start to restore children's teeth in this manner, you should in all fairness put the mothers' teeth in good condition. Then, of course, there is the father, who needs dental care too.

Children's teeth must receive attention. Not through a pound of flesh from dentistry, but by the aid and the cooperation of dentistry. Let there be more and bigger and better clinics established. Let our benevolent state and federal governments actually *pay* dentists to render aid to *all* the people who come under the classification of indigents. A toothache hurts just the same, whether you are a child or an adult. Let laws be passed to have dental aid stations. Let us fill every tooth in the city, county and state, but let us be paid for it.—*ALFRED D. LANGE, 5430 Grove Street, Oakland, California.*

Dentists Lack Training

Having carefully read Doctor Schneider's² article entitled *ARE DENTISTS TRAINED TOO WELL?* I am moved to reply. While it is an acknowledged fact that American dentistry leads the world, it has not yet gone far enough. It should develop a curriculum that will place it on a par with medicine, and that development should not prevent people in the lower income brackets from meeting the expense of preventive and restorative dentistry.

Why are people of modest income unable to avail themselves of adequate and suitable medical and dental care? Why should they be driven to seek panel or state medicine and dentistry? The truth is that, during the past few years, both professions have gone fee crazy. This is, in part,

an aftermath of the War when money was easy and plentiful. As a result, we developed an exalted opinion of the true worth of our services. We find it difficult to rearrange our ideals and arrive at a sense of our true value as a health conserving factor in our national life.

Education of the public has done much, and will do even more, if we but follow it up with good, honest dentistry, at suitable fees; fees, which those in the lower income brackets can pay. It *can* be done, and still give us an adequate income. If we do not settle this problem ourselves, the state or federal government will eventually step in and settle it for us.

Doctor Schneider is right in his statement that we are placing our emphasis at the wrong end. Indeed we must devote our untiring efforts to preventing disease, rather than trying to cure it after it has developed. But does real preventive dentistry lie in placing restorations in every cavity, every break in the enamel surface; thus eliminating the necessity for much restorative work later? True, this will materially lessen, but it will not entirely eliminate loss of teeth. That is a Utopia to which we can hardly hope to aspire.

And have we any assurance, can we say positively, that placing restorations in all small cavities will prevent further decay and consequent loss of teeth? If so, how does Doctor Schneider explain the recurrent caries found in all our practices? How much more vital to the health of mankind to devote our energies to solving the "unknown quantity that prevents decay"? Without that solution, we are at best only trying to cure a disease, not finding the cause and then preventing it from developing. If mechanical dentistry is the answer to our problems, why is dental decay with consequent loss of teeth on the increase? Surely dentistry could have controlled the situation long ago, if that is the answer.

²Schneider, George: *Are Dentists Trained too Well?* ORAL HYGIENE 29:285 (March) 1939.

While necessary care should be available to all children of preschool age and through high school, such care should not be made compulsory nor mandatory. We are not living in a totalitarian state. It is not the function of our government to regulate that phase of family life; even though the dentist thinks that, inasmuch as the government would pay the bill, it should assume that power. Is it not the function of every man to find means of earning his own living? Does this country or any country owe any man a living? If it does, then it owes *every* man a living, including physicians and dentists. On that premise, we cannot object to the government controlling dentistry. If the government owes us a living, why should we object to politics in dentistry, or be concerned about the nation's health?

As to higher entrance requirements and higher graduation requirements increasing fees, and thereby decreasing the number of those who can pay, I refuse to concede that point also. As to fees being too low under the present dental curricula, are they? In my own mind, I class them as too high, except for those patients who are still listed in the higher income brackets, and even this class is fast becoming economy minded. Good dental service, restorations, (except gold, perhaps), prophylaxis, various types of treatment work, and simple extractions, can be furnished at half our regular fees, and still show a good profit over and above all overhead, equipment, education, and so on. And prosthetic work, all types of denture and bridge work, (except that involving the use of gold alloy) can be reduced in price; thus bringing such restorative work within the reach of many more people.

Doctor Schneider places his emphasis on preventive dentistry. He says, "The prevention of any disease should take precedence over the cure of the disease. Preventive dentistry should begin with the eruption of

the first deciduous tooth and continue throughout life." I cannot help but feel, however, that since the emphasis is to be placed on preventive dentistry, and I agree with Doctor Schneider that this is the correct procedure, our best trained men and women should be in charge of this work.

I find I cannot agree with Doctor Schneider, at any point, concerning his theories about our present dental curriculum. We need more education, rather than less; higher requirements for entrance to and graduation from our dental schools; and the requirements and courses should be uniform and standard in all dental colleges. A doctor's degree in either the arts or sciences calls for three years work, following the receiving of an A.B. Should we, who serve humanity as much as the clergy or our school teachers, be on a lower educational level? If we are looked upon as mechanics or mere tooth carvers, if we have a sense of inferiority in the presence of physicians and in consultation with them, if we take orders instead of issuing them ourselves, is it not the result of training and because our educational requirements are lower than those for a physician? I still maintain, as I have for the past twenty years, that an A.B. should be a requirement for entrance into our dental colleges, the same as it is for all our best and high-ranking medical schools. Specialists in medicine have to have a medical degree before they specialize. Shall we have specialists in dentistry with even less education than is required now?

I realize that there will be raised the cry of production, and the ensuing statement that methods of production cannot be applied to a profession. But they can, and give good service and show a good profit beside. I can step into any man's office and prove it.

It seems to me that the solution for our problem lies, *not* in making our services compulsory, not in train-

ing different types of operators, not in lowering our educational standards, but rather in a readjustment of our own thinking. We need to readjust our mental point of view and our ideas regarding fees, and we need to increase our educational foundation to meet that of the medical profession.

Doctor Schneider suggests the training of three classes of dentists: hygienists, school dentists, stomatologists. In my opinion, three classes of dentists would tend to produce the same condition that is prevalent in medicine. The passing of the general practitioner, the old family "doctor," and the amazing growth in the number of so-called specialists have boosted medical fees, made medicine the butt of legislative investigation, and put adequate medical care beyond the reach of many people. Do we desire to create a similar situation in our own profession? It is up to us, strictly our own affair, and the answer lies in the adjustment of our fees to our patient's ability to pay; in taking care of more patients at lower fees, and in increasing our educational qualifications as a profession. Only by so doing can we hope to halt the march of government regimentation of our profession, and meet the need for dental service that our educational program has developed.—ELLIS R. SEARING, D.D.S., Lockport, New York.

Discusses Credit Association

CONQUERING THE FEAR OF PRICE by Jay Voorhies³ in the August issue of ORAL HYGIENE is an excellent sales talk for a loan company that calls itself "The Professional Service

³Voorhies, Jay: Conquering the Fear of Price, ORAL HYGIENE 29:921 (August) 1939.

Credit Association." Just because it specializes in handling only dental and medical accounts, does not make it any more beneficial to the professional man. I admit it sounds better to the patient.

On page 925, in method number 4, I quote, "Suggest that the patient obtain a loan to cover the cost of treatment. That suggestion immediately calls up visions of loan sharks, high interest rates and tough collectors." This indicates that the patient knows the facts of the business world, but how about the dumb dentist? On page 926, "We dentists maintain this association co-operatively, at our own expense, for the convenience of the patient." Is it all right for the dentist to pay, "co-operatively," 10½ per cent for a six month's note up to 20 per cent for twenty months, as mentioned on page 928?

The Association charges ample interest for the money they advance while they take absolutely no risks, for the dentist is responsible for any balance left unpaid by the patient. I am not criticizing the Association for not taking any risks, but they could at least print this fact in a fairly conspicuous place in their literature, instead of hiding it in small print in an inconspicuous place among their interest and payment tables.

On page 929, they even have the nerve to say that if "the Association will go to court, if you so order (to attempt to collect the unpaid balance), you must pay for any summonses, judgments, attachments and legal talent required, at cost."

The Association has a 100 per cent guaranteed investment with sufficient interest rate, while the dentist is "conquering the fear of price" at his own expense.—ALAN A. AXELBAND, D.D.S., 69 Westminster Road, Brooklyn, New York.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Dislocation of Mandible

In April ORAL HYGIENE I find an article from J. A. R., Pretoria, South Africa about "Dislocation of the Mandible."¹

I wonder what any professional man would do when he finds someone who had his jaw dislocated, if he does not have his syringe and a solution of sodium syphilitate along. Let me give Doctor J. A. R. a simple prescription.

A dentist, or any one else, can wrap a two-inch bandage around each thumb. Have the patient sit in a common chair and take a position directly in front of the patient, as close to the mouth as possible. Place the wrapped thumb on the second or third molar, and on the side where there is a dislocation, apply about 40 pounds of pressure and shove backward. Remove your hand from the mouth immediately to avoid having the patient's jaws close on it. You should have an assistant stand behind the patient and put one hand on the back of his neck, the other on top of his head and forehead to steady the patient, while the jaw

is being put back in place.—W. R. RUSSELL, 127 East Front Street, Stockton, Illinois.

A.—We appreciate your kindness in giving us your technique for reducing a temporomandibular dislocation. It seems to be effective.

You will notice that I gave Doctor Schultz' prescription for a subluxation type of dislocation that occurs on the slightest provocation—such as laughing or yawning. Such a type of dislocation will usually reduce itself but will recur frequently and, naturally, is most distressing. We really hardly know what to do with these cases unless Doctor Schultz' remedy is effective.—GEORGE R. WARNER.

Irritated Tissue

Q.—I have a woman patient, between 55 and 60, who has been wearing a full upper vulcanite denture for six or eight years. A few days ago she was in the office, and I found that the entire gum covered by the denture was a deep red. The patient did not complain of pain and said she had had a similar condition a year or more ago with some bleeding. With the use of a little mouth wash the condition had cleared up at that time.

To look at this tissue it would seem

¹J. A. R.: Dislocation of the Mandible. Ask Oral Hygiene in ORAL HYGIENE 29:441 (April) 1939.

to be very much irritated and one would think it would be painful, but although she has some bleeding she does not complain of any pain.—C. T., Kentucky.

A.—The gum condition described is the type of congestion that is often called "rubber sore mouth." Undervulcanization of rubber will sometimes cause such a condition. An accumulation of decomposing filth in the denture is a more frequent cause, I think. The remedy is to bring the palatal surface of the denture to a high polish and insist upon the patient keeping it scrupulously clean. Frequently coating the palatal surface with vaseline helps some.

If the congestion should continue despite the foregoing measures, it would be well to have the patient leave the denture out for a few days before making an impression for a new denture of a different material. I would probably try one of the new acrylic resin bases.—V. CLYDE SMEDLEY.

Occlusal Splints for Fighters

Q.—I have a few patients who are boxers, and I should like to make them soft rubber bites such as fighters use. I have a laboratory equipped to do my own vulcanizing. Will you please advise me as to the procedure for making these bites, beginning with the impression?—D.D.M., Pennsylvania.

A.—The making of occlusal splints for fighters requires no special technique or complicated procedure. Make whatever impression you prefer, which is reasonably accurate, of the occlusal surfaces of the teeth. Take a wax bite with the mandible in its most retruded position, mount the casts on an articulator, and wax up a splint to engage the occlus-

sal one-third to two-thirds of the teeth. Vulcanize this in either soft (velum) or hard rubber. If you use the velum rubber, you will find it difficult to trim and polish. This can be accomplished best by trimming it with sharp shears under water and by smoothing rough edges by searing them with a hot spatula.—V. CLYDE SMEDLEY.

Shrinking Alveoli

Q.—I have a case that I do not know how to handle. It has been a nuisance from the time the patient's teeth were extracted in 1933.

The left upper cuspid had a crown and, after its extraction, it kept draining pus, until finally I opened it up and removed some diseased process, and it healed.

Then I made upper and lower dentures. In a few months there was so much shrinkage I lined the dentures. After a few more months they were loose, and I made another set. Now these are so loose the patient cannot wear them with any satisfaction, and under the upper denture the gum is red and tender. The denture the patient is now trying to use is light pink and light red rubber. I have had her use several kinds of astringents and antiseptic mouth washes, and none have appeared to do any good.—D. R. M., Oklahoma.

A.—Roentgenograms of the edentulous jaws in the case you describe would no doubt disclose very poorly mineralized cancellous bone. We find that these cancellous alveoli shrink away much more rapidly and radically than is the case where the bone is dense.

The same lack of mineral (mainly calcium and phosphorus) in the system, which results in the melting away and loss of teeth from decay is likely to re-

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sult in loss of the alveolus after the teeth are gone.

A proper mineralizing diet for the individual, if administered in time, may go a long way toward saving the teeth as well as the ridges after the teeth have been extracted.

In addition to the diet regulation, it is well in such a mouth to make dentures that exert a minimum of occlusal stress by using teeth that provide a minimum of occlusal contact and cuspal interference.—V. CLYDE SMEDLEY.

Bone Resorption

Q.—At the present time I am treating a young man, 28, who has an enormous amount of bone resorption about the roots of all his teeth, especially those of the upper jaw.

Roentgenograms show that the upper teeth are held in position by bone only at the apices and the lower teeth, by a little more. I intend extracting all of the upper teeth and a few of the lower, making the patient a full upper and partial lower denture. I am a little fearful of the upper denture being unsatisfactory as there will be little ridge left after resorption.

Do you believe that the ridge will continue resorbing under the pressure of the dentures?

I am at a loss to know the cause of this condition. The young man has always kept his mouth in good condition, has little deposit, has a good bite, seems to conform to a good diet; although lately he has been forced to eat soft foods because of the looseness of his upper teeth.

A blood count taken by his physician is as follows:

White count	13,200
Red count	5,150,000
Differential count:	
Polymorphonuclears	41%
Lymphocytes	54%
Monocytes	1%
Basophils	3%

Eosinophils 1%

This indicates a high white count and a large percentage of polymorphonuclears. The patient also has a blood pressure of 115, which is a little low. He seems to be in good health and has not been ill since his childhood ailments which were: measles, chicken-pox, influenza, and double pneumonia. He is 5' 7" tall and weighs 142 pounds.

The patient reports that he never has any pains, although he feels tired quite often, which he attributes to lack of exercise, as he uses an automobile most of the time.

I have heard of hypersuprathyroidism causing a resorption of bone, but I don't know much about it.

I should appreciate any information as to the possible cause, also the correction of this condition, which in my opinion seems to be systemic rather than oral.—J. S. S., Pennsylvania.

A.—I have seen many mouths favorable for dentures in which the teeth were lost from pyorrhea. The ridge in the mouth you describe will not necessarily continue resorbing under a denture, because the teeth were lost with pyorrhea, but it would be well no doubt for this young man to include ample bone building elements in his diet.—V. CLYDE SMEDLEY.

Removing Silver Nitrate

Q.—Please tell me how to remove silver nitrate from my uniforms.—W. C. R., Oklahoma.

A.—In answer to your letter as to how to remove silver nitrate stains—simply saturate the spots with iodine followed by strong aqua ammonia.—V. CLYDE SMEDLEY.

Extraction of Teeth

Q.—I should appreciate your kindness if you would advise me what

preoperative and postoperative precautions one should take in extracting teeth for patients. Also, what is the best method for control of the excessive flow of saliva?—H. R., New York.

A.—In answer to your question as to preoperative and postoperative care of extraction cases, I might say that a thorough scaling and polishing of the entire dentition is advisable as a preoperative procedure in extractions. If the extractions are to be extensive, a physical examination is advised by some operators. Vastine advises the use of germicides to be pumped under the gingival margin of the tooth to be extracted, claiming such treatment prevents dry sockets.

Postoperative care may include the use of dicalcium-phosphate in the socket to aid in forming the blood clot and to hasten bone formation. It is advisable to have the patient press sterile gauze against the wound for a while after extraction and to avoid sucking on the wound or rinsing the mouth for a few hours. The patient should return for postoperative inspection and care in 24 or 48 hours.

Excessive flow of saliva may be controlled temporarily by washing the mouth with hot water for a few minutes. Longer control can be obtained by an injection of atropine sulphate, 1/180 to 1/80 gr.—GEORGE R. WARNER.

Opening the Bite

Q.—I have two questions that I should appreciate, if you would try to answer for me.

1. Is there any way of testing to find out if opening the bite is indicated, except by noticing missing and elongated drifted teeth. Of course, there is plenty of room for

doubt in edentulous cases, but I want to know if there is any way to tell if the vertical dimension is incorrect in the mouth of a patient who has a fairly good set of teeth showing little abrasion.

2. I should appreciate any suggestions you might have for restoring a completely edentulous case in which the right half of the maxilla has been removed, as the result of an operation involving a cancerous growth.—F. J. S., Mississippi.

A.—1. One theory that seems to hold about right in most cases is that in the normal or correct bite, the distance from corner of eye to corner of mouth is the same as from base of the nose to tip of chin, and that therefore all abraded or closed bite cases should be opened to this proportion.

Another theory that sounds sensible is that teeth should be made to the degree of jaw opening that provides the greatest power or number of pounds of pressure when the muscles are contracted.

2. I made a lower denture some years ago for a woman who had had the right condyle and remus of her mandible removed by a cancer operation. I made a denture that was supported by nothing but the muscles and soft tissue in that area, and she got along quite well with it. I think that is all you can do in this case. Try to secure a bite that will provide occlusal support when the muscles are contracted, but will not distend or tire the muscles when they are relaxed and at rest.—V. CLYDE SMEDLEY.

Alveolar Abscesses

Q.—My patient, a boy, 15, has only fairly good health and is underweight. Five years ago he received a

blow from a horse that loosened the upper centrals. The centrals were extracted about a year later; no space maintainer was placed.

In the past six months, I have had to extract all the upper anterior teeth, except the right cupid, on account of acute alveolar abscesses. One at a time these teeth have been extracted with about a month's time in between. I have always taken roentgenograms before the extractions and found that a definite abscess had formed. Right now, the patient is complaining of the remaining upper cupid and the upper left first bicuspid, so I am sending you roentgenograms that I took today.

I can only offer the injury as an explanation of the loss of these teeth. However, I should appreciate it very much, if you could give me some assistance in diagnosing this

case. The upper left first molar was lost as a result of caries.—R. P. H., Nebraska.

A.—The case described in your letter is quite inexplicable without having a complete picture of this boy's physical condition. Pulps do not die in sound teeth in a patient of this age, unless there is something radically wrong—probably with the blood stream. I have known of a case in which pulps died in teeth, because of high non-protein nitrogen in the blood. Of course, it is not at all sure that your patient is suffering from this condition, but there must be something other than the usual dental causes of dying pulps.—GEORGE R. WARNER.

DENTAL CAREERS ANALYZED

To EITHER THE man or woman who is seeking information on a career as a dentist, dental hygienist, or in one of the auxiliary occupations, the new book *DENTAL CAREERS: OPPORTUNITIES IN DENTISTRY AND DENTAL HYGIENE* by Chase Going Woodhouse will be of great practical value. This book not only presents dentistry as an interesting and remunerative profession, but as an important field of social service. It gives a comprehensive analysis of the preliminary preparation necessary for a career as a dentist, the types of practice available, potential earnings, and there is a section devoted to the opportunities for women in dentistry. As sources of information the author has used the findings of the Committee on the Study of Dental Practice of the American Dental Association, facts obtained by interviews and correspondence with practicing dentists, deans, and directors of schools and with state officials in charge of licensing. The result is a concise, authoritative book, which will no doubt become an important reference work for vocational counselors, schools, and libraries. This volume on dental careers is one of the Kitson Careers Series, which is being edited by Doctor Harry Dexter Kitson of Teachers' College, Columbia University and published by Funk and Wagnalls Company.

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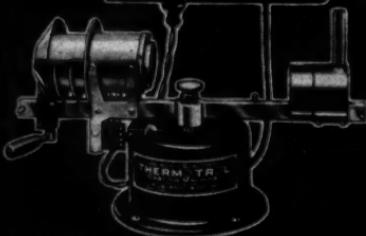
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"Don't you know better than to come in here in germ filled clothes? Why, you're not sterile."

He looked at her and said, "Lady, are you telling me?"

○

Mrs. Perkinson: "Old Tom's going to marry Miss Flighty. She can ride, swim, dance, sing, drive a racing car, and pilot an airplane. Real all-round."

Mr. Perkinson: "They ought to get on fine. Old Tom's quite a good cook."

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Prospective Juryman: "I can't serve as juror, judge; just one look at that prisoner makes me know he is guilty."

Judge: "Silence in the court! That's the prosecuting attorney."

A motorist who went through the drought-stricken middle west last summer, brought back some prize winning stories of incidents along the route. One told of a conversation he had with an old settler at a filling station in one of the arid districts.

Tourist: "Looks as though we might have rain."

Native: "Well, I hope so, not so much for myself as for my boy here. I've seen it rain."

○

Magician (sawing lady in half): "Now, ladies and gentlemen, after the young lady is severed, her brains will be given to a medical college and the rest will be thrown to the dogs."

Gallery Gang: "Woof, woof! Bow, wow!"

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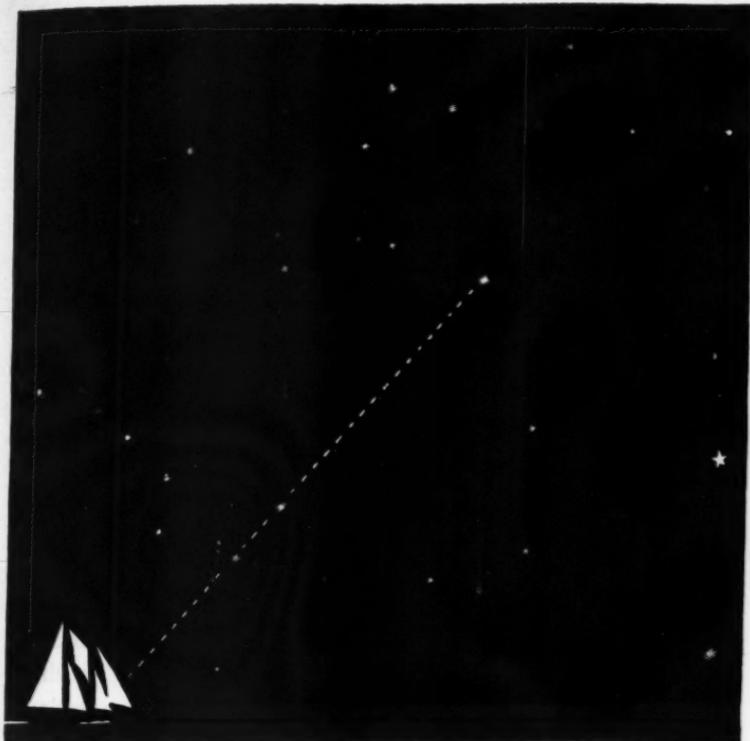
Him: "Well, I suppose you're plenty angry because I came home with this black eye last night."

Her (sweetly): "Not at all, dear. You may not remember it, but when you came home you didn't have that black eye."

○

American woman (to an English lady): "What a large family you have."

English lady: "Yes'm, and the funniest thing is that all the names begin with a haitch. There's Orace, Erbert, Enry, Ugh, Ubert, Arold, Arriet, and Etty—all except the last one, and we 'ad 'er named Halice."



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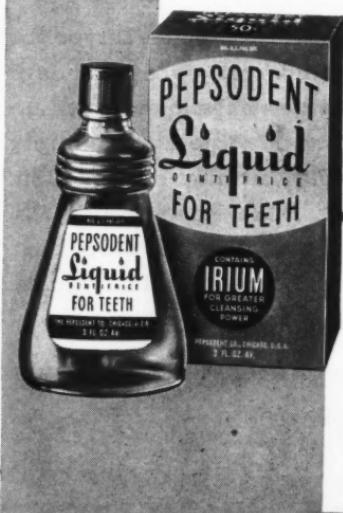
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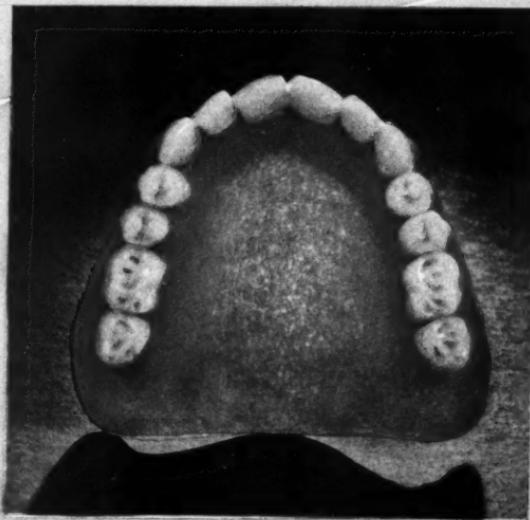
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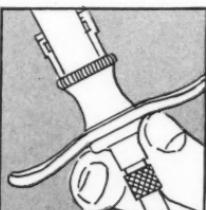
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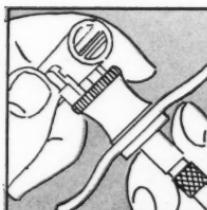
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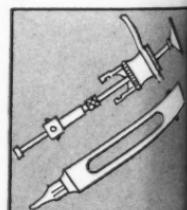
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Comparative Times of Disappearance of Acetylsalicylate from the Stomach After Administration of Alka-Seltzer or Aspirin

SUBJECTS	TIME OF DISAPPEARANCE OF ACETYLSALICYLATE	
	AFTER ALKA SELTZER	
	MINUTES	MINUTES
E. P.	60	75
F. S.	45	90
J. M.	45	90
A. G.	30	150 [†]
J. F.	30	135
T. C.	75	90
AVERAGES	47	105 [†]

Ratio of time of Disappearance of Acetylsalicylate:

$$\frac{\text{ASPIRIN}}{\text{ALKA-SELTZER}} = \frac{2.7}{1}$$

In order to determine the value of Alka-Seltzer as an effective agent in the relief of minor ailments, a sequence of laboratory and clinical studies has been conducted.

One phase of this investigation is summarized in the accompanying table.

A more detailed account of these informative experiments will shortly be published in the form of an illustrated booklet which will be distributed with our compliments to interested physicians.

CONCLUSIONS

The average time for complete gastric evacuation of acetylsalicylic acid after Alka-Seltzer was 47 minutes and after aspirin more than 105 minutes; i. e., disappearance of acetylsalicylic acid for aspirin took nearly three times as long as it did for Alka-Seltzer.

The significance of these results relates to (a) the speed of systemic absorption and hence more rapid action of the analgesic; and (b) lessening of any possible irritant action of the analgesic on the gastric mucosa.

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Vi-Penta Drops may be added directly to the prepared bottle or glassful of milk, or to broth, soup, orange, or tomato juice without producing a disagreeable flavor. The proper dose (10 minims average) may be added to a pudding, ice cream, or on a lump of sugar. It may also be added to gruel, cooked or "prepared" cereals.

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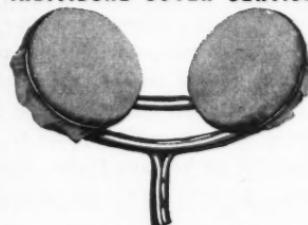
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METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

1. The Determination of Vitamin D Activity

• About fifteen years ago it was clearly established that there could be present in certain foods or biological materials some substance which possessed antirachitic potency. Subsequently this "antirachitic factor" became known as vitamin D. Today, we know that at least ten sterol derivatives may exert antirachitic effects closely comparable to those of the originally discovered vitamin D (1).

Recognition of the existence of the antirachitic vitamin naturally stimulated investigation of methods whereby this dietary essential could be quantitatively estimated. Steady advances in knowledge of the causes and effects of rickets brought gradual improvements in these methods. Consequently, there are now available several techniques for the quantitative determination of vitamin D in foods or other biological materials.

The first and probably most widely employed method for estimation of vitamin D is by means of the so-called "line test" (2). In this technique as now employed (3), young rats are confined for 18 to 25 days to a diet conducive to development of rickets. These periods of time, with proper handling and confinement of the animals, are sufficient to induce a definitely rachitic condition. The rachitic rats are then properly grouped with respect to negative control groups to receive no supplements to the rachitic ration; positive control or reference groups to receive graded doses of some standard reference material; and "assay groups" to be given graded doses of the material under test. For the next 8 days the animals are fed daily doses of the proper supplement, either assay or reference material. No supplements are fed on the ninth and tenth days.

On the eleventh day the animals are sacrificed and either the proximal end of the tibia or the distal end of the radius or ulna dissected out, sectioned, cleaned and finally immersed

in silver nitrate solution. By double decomposition reaction, silver salts deposit where calcium is present in the metaphysis of the bone. When exposed to light these silver salts are reduced and form a dark line indicating the extent of calcium deposition. The experienced technician can estimate the degree of healing from rickets by the continuity and area of the line. By comparison of the results obtained on the various groups of animals, a quantitative expression of the antirachitic activity of the material under assay may be obtained.

A second method for evaluating vitamin D activity is that involving determination of "bone ash" (4). In this technique, final estimation of the degree of bone calcification—and thus the antirachitic potency of the substance under assay—is made by chemical analysis of specific bones of the experimental animals. A third assay method (5) is that involving roentgenological examination of certain bones. Comparisons of the bone densities of the various experimental animals serve as a basis for estimating the degree of healing from—or prevention of—rickets and hence permit determination of the vitamin D activity of the material under test.

Common foods as they naturally occur can hardly be considered as food sources of vitamin D. However, as exceptions, certain foods of marine origin (6) might be mentioned which consistently contribute small but definite amounts of the antirachitic factor to the diet. In addition, development of various means of fortifying foods with vitamin D—particularly those foods of importance in infant and child feeding—has made available other food sources of the vitamin (7). Among the many varieties of commercially canned foods will be found products of both types, which, when properly used or supplemented, should prove of value in obtaining an adequate intake of vitamin D, particularly by infants and children.

AMERICAN CAN COMPANY 230 Park Avenue, New York, N. Y.

- (1) 1938. J. Am. Med. Assoc. 110, 2150.
 (2) 1922. J. Biol. Chem. 51, 41.
 (3) 1936. The Pharmacopeia of the United States of America, Eleventh Decennial Revision, 482.
 (4) 1923. J. Biol. Chem. 58, 71.
 1924. Ibid. 61, 405.
 (5) 1928. Biochem. J. 22, 135.
 (6) 1938. J. Am. Med. Assoc. 111, 528.
 (7) 1937. J. Am. Med. Assoc. 108, 206.

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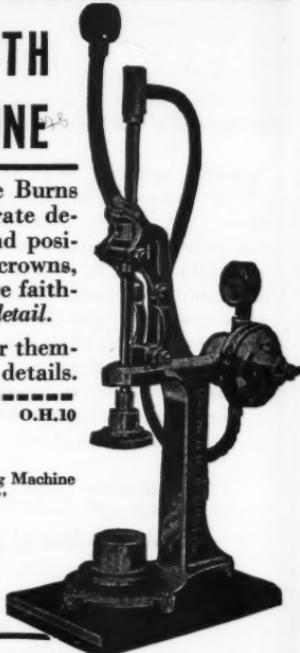
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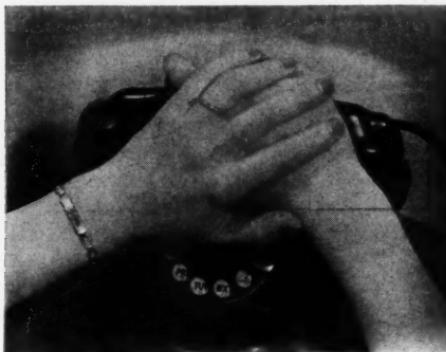
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The great tooth-cleansing power
the design specified by leading



DR. West's
Miracle-Juft

ORO Toothbrush
50¢

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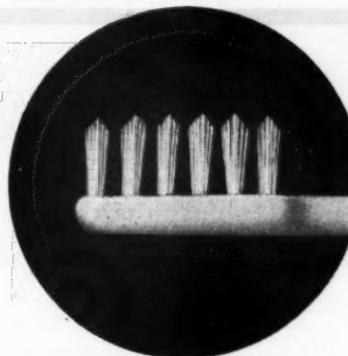
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ing power of Du Pont Exton in by leading periodontists

MIRACLE-TUFT
ORO
BRUSHHEAD
SHOWN
ACTUAL SIZE



Brushhead is 1 1/8" long. Bristle tufts are widely spaced in two rows of 6 tufts each, and properly trimmed for interproximal massage brushing. Two textures—hard and medium.

Ends animal bristle trouble!

Here at last is the perfect toothbrush—one without bristle troubles...splitting, softening or shedding. The discovery of Du Pont Exton made it possible. Exton is non-porous, water-repellent to a degree never before possible, strong and resilient even when wet.

It is highly salutary for gum massage as well as for brushing the occlusal, labial, lingual and interdental surfaces of the teeth. Its bristles are unaffected by peroxides, perborates or the surgical antiseptics. Hence, use of a Dr. West's Oro is indicated in these treatments.

In the brushing technique you prefer

and prescribe, you will find the straight brushing plane and remarkable Exton bristles of the Miracle-Tuft Oro ideal. To try this brush without cost, ask your druggist to have a Dr. West's Miracle-Tuft Oro sent to you.

Compare it! Because of their great strength and resilience, Exton bristles cannot split, break off or shed. They will not scratch enamel. 6000 scrubs on the bristle-testing apparatus in the Du Pont research laboratories destroyed natural bristle brushes, scarcely harmed Miracle-Tuft. Conservatively, a Miracle-Tuft will outlast any other toothbrush 2 to 1.

**A FREE BRUSH
FOR YOU - ASK
YOUR DRUGGIST!**



● A supply of prescription pads in addition to a Dr. West's Miracle-Tuft ORO Toothbrush will be sent to you with the compliments of your druggist if you will remind him that you would like to try the new ORO.



Here is a sensible solution to the ever-present problem of pulp treatment and preservation.

Jamesson's Thymol Zinc Cement is a medicated treatment designed to prevent or relieve irritation of the pulp and preserve its vitality when it is inflamed or exposed. Its efficiency has been proven by six years' use in private and institutional practice.

Thymol Zinc Cement is an ethical, non-secret product that warrants a permanent place among your dental medicines. A small booklet outlining its uses is yours for the asking.

The complete package sells for \$3.00 at your dental dealer's.

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Collects Dust from grinding and polishing wheels
by the Most Efficient Process . . .

TORIT

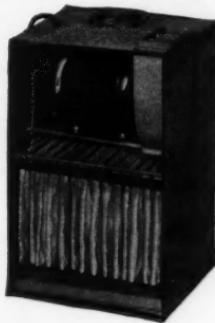
DUST COLLECTOR No. 10

A compact unit having a powerful motor and fan which creates STRONG SUCTION, drawing dust and grindings from lathe splashes surrounding grinding wheels into the cabinet. Heavy particles fall onto a tray at the bottom. Finer particles adhere to a series of cloth bags which completely filter the air—THE BEST KNOWN SYSTEM OF COLLECTING DUST IN DENTAL LABORATORIES!

- The cabinets fit under the work bench, out of the way.

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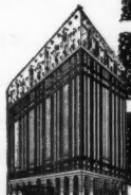


The No. 10 Model illustrated is for 1 or 2 grinding wheels. Two larger models, for as many as 8 wheels, are also available.

Ask for Catalog No. 13, showing TORIT Dust Collectors and over 100 other items that will interest you.

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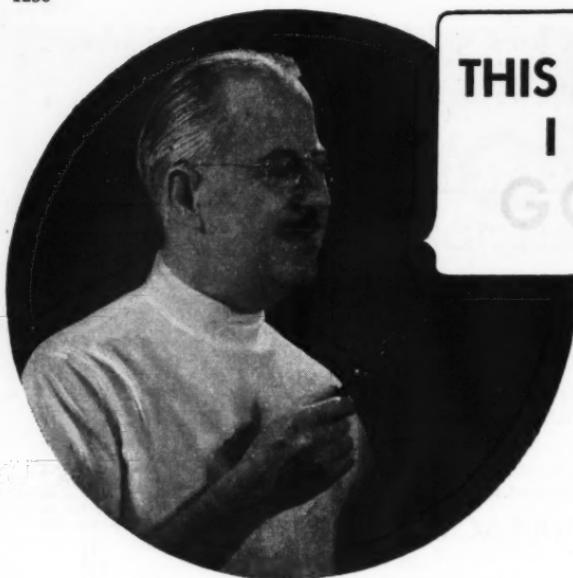
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Simple Aids to Dental Prophylaxis

Many patients still need fundamental advice on the simple rules and technic of dental prophylaxis.

The manufacturers of Phillips' Milk of Magnesia render your task of instruction a simple one by providing a rational means of (1) cleansing the teeth and gums, and (2) neutralizing mouth acids.

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1. Phillips' Milk of Magnesia Tooth Paste and Phillips' Milk of Magnesia Tooth Powder to keep the

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2. Phillips' Milk of Magnesia used twice daily as a mouth antacid to combat local acidity.

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For more prolonged Antacid Effect—
Phillips' Milk of Magnesia Tablets. Pleasant-tasting, mint-flavored, may be chewed slowly to give prolonged antacid action.

A VALUABLE SUGGESTION

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**ANACIN is also helpful in relieving pain
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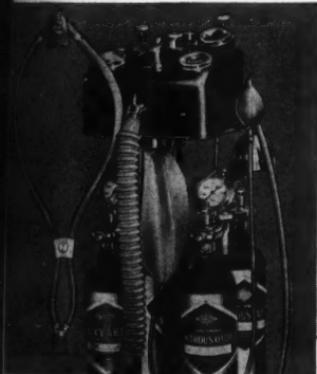
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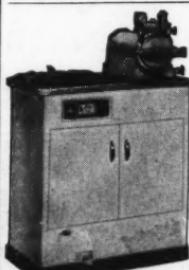


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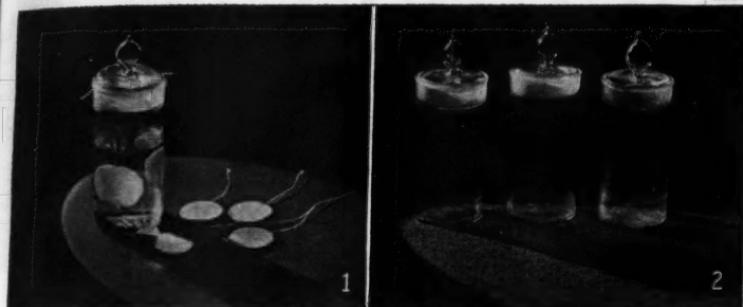
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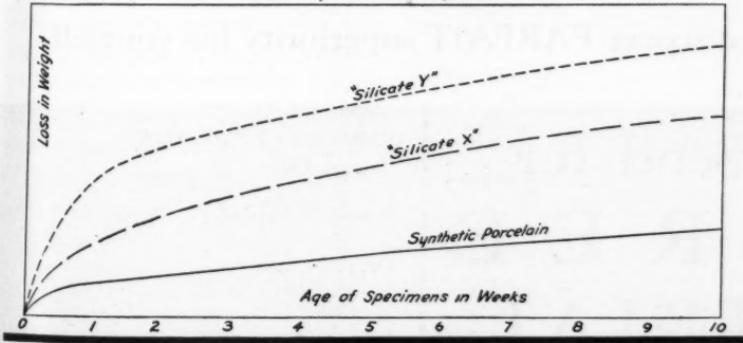
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To prove the superiority of Synthetic Porcelain, i.e. its permanence in the mouth, we made this test. Discs of various silicates (Fig. 1), properly identified, were suspended in sealed beakers of distilled water. The water being evaporated (Fig. 2), the residue in the beakers was weighed. This was repeated weekly.

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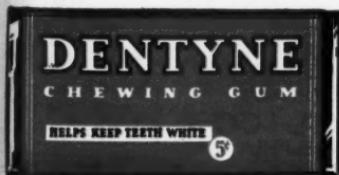
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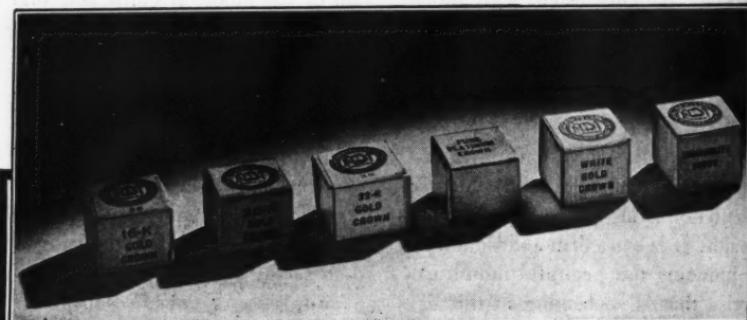
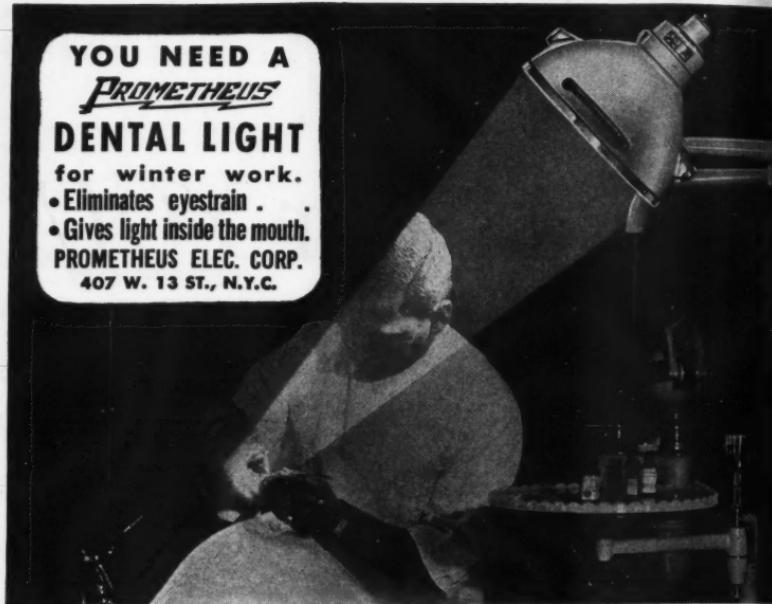


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**YOU HAVE DEPENDABLE
STERILIZATION..ALL DAY..
EVERY DAY..**

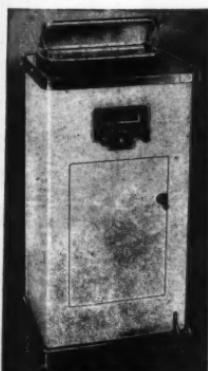
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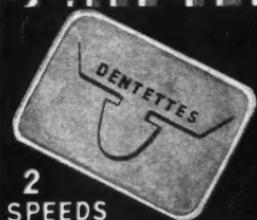


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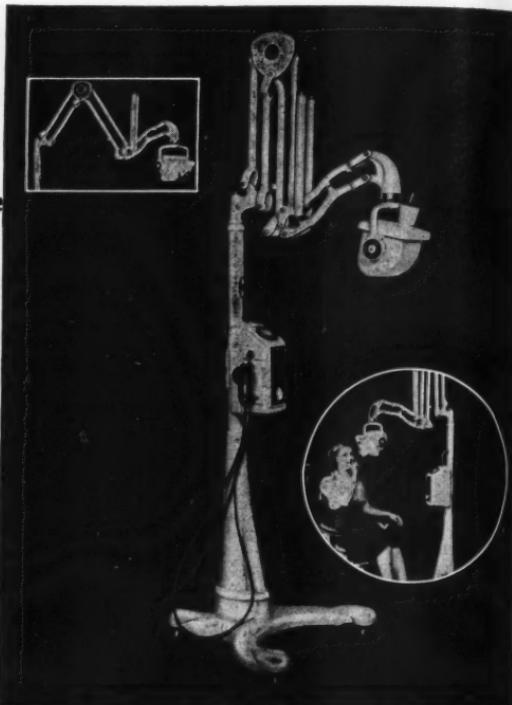
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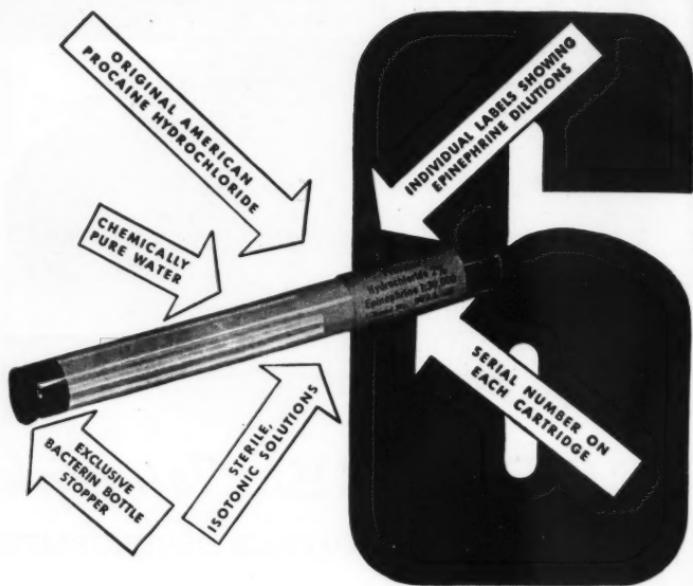
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ADVERTISING INDEX

WHO'S WHO AND WHERE

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CLINICAL PICTURE of gums neglected as to stimulation. Extensive caries. Marked hypertrophy of tissues. Mucoid film scrubbed off before presentation. Heavy deposit of calculus.



CAPILLARY PHOTOS show effects of non-massage regime on dilation of capillaries; length and diameter abnormal.

CLINICAL FINDINGS

CAPILLARY STUDIES

TISSUE SECTIONS



BIOPSY BARES end-result of inadequate gum massage . . . fragmented collagen appears coarse, granular, edematous capillaries poorly defined, extravasating. Inflammation

ALL SHOW THAT GINGIVAL MASSAGE IS VITAL



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